

REPORT
OF THE
HIGH POWER COMMITTEE
ON NURSING & NURSING PROFESSION



GOVERNMENT OF INDIA
MINISTRY OF HEALTH & FAMILY WELFARE
NEW DELHI
30TH JUNE 1989

To

The Chairperson & All Members of the High Power Committee on Nursing and Nursing Profession;

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|---|------------------|
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| 9. Mrs A. Mukhapadhyay,
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Patna. | Member |
| 10. Dr. Avinash Dhillon
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PREFACE

The concept of nursing in India has its roots in antiquity. Charaka—an exponent of traditional Indian Medicine has defined the attributes of a good nurse. Nursing, now a days is being regarded as one of the most vital segment of health services delivery system. It is an essential part of the system to the extent that it brings vitality to the system itself and brings about a quality of health that we aspire to achieve by the year 2000 AD.

Nursing was a resource to which families turned when their own resources for helping their sick were exhausted. Gradually, with the establishment of hospitals, sick were moved to these institutions for pooled benefits. This trend has accelerated in recent decades and nursing (like other health professions) is now seen as a part in a curative function, increasingly concerned with uncommon or complex disease conditions. These factors have greatly influenced the nursing education, nursing services role and functions. The outturn of nursing manpower has not kept pace with the development and advancement of medical services.

Keeping in view India's commitment to Health for All by the year 2000 AD through Primary Health Care, National Health Policy was passed in the year 1983. Emphasis on reorganization of health services, role and functions of different categories of health personnel gave a new impetus for the augmentation of Auxiliary Nursing Midwifery program. All nursing programs were restructured to meet the challenge.

The dichotomous growth of health services and lopsided development of nursing profession led to the setting up of the Committee by the Government in 1987. The members of the High Power Committee have been drawn from various sectors, including health and medical education, nursing education, vocational education, women social workers, professional associations and Indian Nursing Council. This has provided intensive strength to the deliberations of the Committee which reflect a holistic approach to the development of nursing and nursing profession, thus fulfilling a large measure of the objective laid in the National education and National Health policy.

A perusal of the Report would make it abundantly clear that several measures need to be initiated concurrently both in the field of nursing, nursing education and improving the professional status of nursing so as to enable the country to achieve the twin objectives of vocationalisation of nursing education and improvement in the status of nursing and women.

The Committee is convinced that such measures, as recommended, can be expeditiously implemented at the present time under the leadership of Minister of Health. We, therefore, trust that the Government would give a most urgent and serious consideration to these recommendations and take appropriate decisions so as to provide desired status to nursing and nursing profession.

It is my pleasure to thank all members of the Committee for their thoughtful cooperation. The final compilation and transcription of the report was made possible by the personal interest taken by Mrs. R. K. Sood, Nursing Adviser, Directorate General of Health Services, and Member Secretary of the Committee.

I would like to place on record my deep sense of gratitude to the Health Minister, Secretary (Health), Director General of Health Services, Deputy Directors (Nursing), and the Regis-

traits of Nursing Councils, Tutors of Schools, Colleges of Nursing; Office bearers of different Associations, States of Tamil Nadu, Karnataka, Bihar, U.P., West Bengal, Assam, Meghalaya, Maharashtra, and Union Territory of Delhi, who extended all courtesies and facilitated our visits to States a success. The discussions held at each level have been very useful.

The members of the Committee also wish to join me in expressing grateful thanks to Shri R. Srinivasan, Secretary Ministry of Health and Family Welfare, whose guidance set the pace for field visits. The sustained support provided by Dr. G. K. Visvkarma, Director General Health Services, Shri J. Vasudevan, Joint Secretary, Ministry of Health and Family Welfare, Dr. (Mrs.) Ira Ray, Addl. DG(M) as also by other officers of the Ministry and Directorate General of Health Services is deeply appreciated.

Mrs. Sarojini Varadappan
Chair person

CHAPTER 1

INTRODUCTION

The present age is one of social, industrial and scientific revolutions, of rapidly increasing population and of wide-spread poverty. It is also an age that is seeing a revolution in Medicine and Nursing, with attendant hazards for the individual. Advances in science and technology imply increasing specialization. Concurrently, the changes in social philosophy are leading to expectations of health services of a greater breadth and improved quality. Any complete health service has to make provisions for health maintenance and a health attainment stage, the increased risk stage (preventive measures are taken to prevent risks), the early detection stage with early treatment and prevention of high costs, the clinical stage (acute illness) and rehabilitation stage. The emphases vary according to national needs and resources.

1.1 Definition of Nurse : According to the definition of a Nurse which is internationally accepted. "The nurse is a person who has completed a programme of basic Nursing Education and is qualified and authorized in her country to supply the most responsible service of a nursing nature for promotion of health, the prevention of illness and the care of the sick". The type of Nurse required today is one who possesses an all round personality, the requisite general education and prescribed professional education. She should have the desired degree of maturity with possibility of development to enable her to work effectively within the community. She should be competent to share professional responsibility as a member of the health team in the promotion of health, prevention of disease, care and rehabilitation of the sick in the hospital and home.

1.2 Nursing Personnel : The Nursing personnel include Professional Nurses, Auxiliary Nurses, Lady Health Visitors, Midwives etc. All these categories are also qualified in Midwifery. Each of these categories undergoes a recognised course of instruction in recognised institutions. Each category is examined and registered to practise Nursing according to their level of preparation.

1.3 Nursing services in India : The Nursing services in India have expanded considerably since independence. Alongwith this expansion, a diversification of the Nursing services in the medical care field can also be witnessed. Great

imbalances in the manpower situation can be noticed as far as Nursing is concerned. As compared to the developed countries the nurse-population ratio in India is not satisfactory. In India there is one nurse to 2250 people while in the developed countries the number of people served by one nurse ranges from 150 to 200. Even developing countries like Indonesia, Kenya, Sri Lanka and Thailand have a better nurse population ratio. This also has an impact on the physician-nurse ratio. In the western countries, there are, on an average, 2 to 3 nurses to a doctor, while in India the nurse-doctor ratio is almost 1 : 1.5. It implies that our Nursing care services are not adequately developed. The nurse-patient ratio, however, varies from 1 : 5 to 1 : 60 or 1 : 100 in different institutions. It is relevant to mention here that the Health Survey and Development Committee (Bhore Committee, 1946) had aimed at a target of one nurse to a 500 population. Subsequently, a Committee was appointed in 1954 by the Ministry of Health under the chairmanship of Shri A.B. Shetty, Minister of Health in the then State of Madras, to look into the service and employment conditions of the Nursing profession. The Committee made many wide-ranging recommendations of which some have been implemented. However, there has so far been no occasion to review all aspects of Nursing component of the Health Services.

It is also noteworthy that although the Nursing services have expanded and diversified over the years, yet there has been no uniformity in its expansion. The employment and working conditions vary from State to State in the country. There are no specified guidelines for the organisation of the nursing services at various levels to ensure adequate contribution of the Nursing profession within the overall health care system. The Nursing community itself has been expressing concern with regard to the status of the Nursing profession, service conditions and other aspects relating to their work. The nurses have been seeking a review of the entire position in this context. Attention of the Central Government has also been drawn to the Recommendations made by the International Labour Organisation (Convention 149 and Recommendation 157) concerning Employment and Conditions of Work and Life of Nursing Personnel (1977) (*Appendix I*).

1.4 *Need for setting up of a committee* : The long-felt need for setting up of a review committee for the Nursing profession was brought into a sharper focus with the adoption of a National Health Policy in 1982 that declared India's commitment to attaining the goal of 'Health for All by the Year 2000' through universal provision of comprehensive primary health care services. The attainment of this goal requires a thorough refinement of the existing approach to education and training of medical and health personnel, and the reorganisation of the health services infrastructure. It has been felt time and again that the Nursing profession has the ability and the responsibility to contribute to the changes needed in the health care system to advance 'Health for All by the Year 2000 A.D.'

1.5 *Appointment of High Power Committee* : A High Power Committee was appointed by the Government of India, Ministry of Health and Family Welfare vide No. V-14025/9/87-PMS dated 29th July 1987 to review the roles, functions, status, preparation of the Nursing personnel, nursing services and other issues related to the development of the profession and to make suitable recommendations to the Government. The detailed terms of reference of the Committee were also spelt out in the notification.

Notification No. V. 14025/9/87-PMS
Government of India
Ministry of Health & Family Welfare
New Delhi dated the 29th July, 1987.

RESOLUTION

The Government have had under consideration the question of constituting a High Power Committee on Nurses and Nursing Profession to review the conditions of service, status, allied matters pertaining to the Nursing Profession in the Country and to make suitable recommendations to the Government. It has now been decided to constitute such a Committee with the following composition:

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| 1. Dr. (Smt) Jyoti M. Trivedi | Chairperson |
| 2. Major General (Ms) L. Pinto Chief of Army Nursing Services | Member |
| 3. Smt. H. Chabook, President, Indian Nursing Council New Delhi. | Member. |
| 4. Shri C.P.B. Kurup, President TNAI & Principal, College of Nursing Bangalore | Member |
| 5. Dr. P.C. Vyas, Director Health Services Uttar Pradesh | Member |
| 6. Smt. Arati Kerketta, Principal, Regional College of Nursing, Guwahati, Assam | Member |
| 7. Smt. Sarojini Varadappan, Social Worker & Former Chairman of the Central Social Welfare Board | Member |
| 8. Dr. K.P. Mathur, (Retired) RML Hospital, New Delhi. | Member |

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| 9. Shri Y.N. Chaturvedi, Joint Secretary Ministry of Human Resources Development, New Delhi. | Member |
| 10. Smt. Mukhopadhyay, Member IRCS & Social Worker, Patna | Member |
| 11. Dr. Avinash Dhillon, Medical Suptd., Guru Tegh Bahadur Hospital, New Delhi. | Member |
| 12. Mrs. R.K. Sood, Nursing Advisor | Member Secy. |

2. The terms of reference of the Committee will be as follows :

(i) To look into the existing working conditions of nurses with particular reference to the status of the Nursing care services both in the rural and urban areas.

(ii) To study and recommend the staffing norms necessary for providing adequate Nursing personnel to give the best possible care, both in the hospitals and community.

(iii) To look into the training of all categories and levels of Nursing Midwifery personnel to meet the nursing manpower needs at all levels of health services and education.

(iv) To study and clarify the role of Nursing personnel in the health care delivery system including their interaction with other members of the Health team at every level of health services management.

(v) To examine the need for organisation of the nursing services at the National, State, District and lower levels with particular reference to the need for planning and implementation of comprehensive nursing care service with the overall health care system of the country at the respective levels.

(vi) To look into all other aspects which the Committee may consider relevant with reference to their terms of reference, and

(vii) While considering the various issues under the above norms of reference the Committee will hold consultations with the State Governments.

3. The Committee will submit its report within a period of 6 months from the date of its constitution.

(S.S. Dhanoa,)
Secy. to the Govt. of India

Subsequently, vide notification No.V.14025/9/87-PMS dated 10th February 1989, Smt.Sarojini Vardappan was appointed as Chairperson in place of Dr (Smt.) Jyoti M.Trivedi. The date of submission of report was extended upto 30-6-89.

Notification No. V. 14025/9/87-PMS
Government Of India
Ministry of Health & Family Welfare
(Deptt. of Health)
New Delhi dated the 10th February, 1989

RESOLUTION

A High Power Committee on Nurses and Nursing Profession to review the conditions of service, status allied matters pertaining to the Nursing Profession in the Country was constituted as per Resolution issued by the Government of India (Ministry of Health and Family Welfare) vide No. V-14025/9/87-PMS dated 30th July, 1987 and Dr. (Smt) Jyoti H. Trivedi, Retd. Vice-Chancellor, S.N.D.T. University for Women, Bombay whose name figures at No. (i) of the Resolution was appointed the Chairperson of the Committee. It has now been decided that Smt. Sarojini Varadappan,

Social Worker and former Chairman of the Central Social Welfare Board, President, All India Women's Association, 40 Warren Road, Madras, whose name figures at No. (vii) of the above mentioned Resolution shall be the Chairperson of the Committee in place of Dr. (Smt). Jyoti H. Trivedi.

2. It has also been decided that the Committee shall submit its report by 30-6-1989.

3. Consequently, the existing entries as appearing against S.No. (i) in the above mentioned Resolution shall be substituted by the entries as appearing against the existing S.No. (vii) and the designation of Smt. Sarojini Vardappan will be Chairperson.

(J. Vasudevan)
Joint Secretary
to the Govt. of India

To begin with, the Committee studied the recommendations made by the several Committees earlier appointed by the Government of India to review the various aspects of health services and nursing in the country. These included :

—Health Survey and Development Committee
(Bhore Committee, 1946)

—Nursing Committee to Review Conditions, Emoluments etc. (Shetty Committee, 1954)

—Health Survey and Planning Committee
(Mudaliar Committee, 1961)

—Special Committee to Review Staffing Pattern and Financial Provision under the Family Planning Program (Mukherjee Committee, 1966)

—Committee on Multipurpose Workers under Health & Family Planning Programme
(Kartar Singh Committee, 1973)

—Expert Committee on Health Manpower Planning, Production and Management
(Bajaj Committee, 1986)

The relevant excerpts concerning the Nursing profession from the Reports of these Committees are given in Chapter 2. A review of these denotes the development of the Nursing profession thus far.

CHAPTER 2

EXCERPTS FROM REPORTS OF DIFFERENT COMMITTEES ON NURSING

The relevant excerpts concerning the Nursing profession from the Reports of the various Committees appointed by the Government of India from time to time to review the various aspects of health and nursing are given in the following pages.

2.1 Report of the Health Survey and Development Committee (Bhore Committee 1946)

Nurses—The conditions under which nurses have hitherto been required to carry on their profession in this country are recognised by all thinking persons to be deplorable. As long as such conditions obtain it is inconceivable that Indian Women from the more educated families will enter that profession. It will be noted that in all cases it is within the power of Governments, if they so wish, to remove those obstacles which make many aspiring candidates refrain from undertaking this work which is of such prime importance to the welfare of their country.

Present Condition	Proposed Remedy
1	2
1. Lack of any professional status	The granting of appropriate gazetted ranks to persons by reasons of Pay drawn or position of responsibility they occupy.
2. Underpaid senior positions	Salaries to be reviewed and increased so as to make the profession attractive and to meet local economic requirements.
3. Grossly under-staffed hospitals with consequent overwork.	An attempt to reach to in due course the international standard of 1 nurse to 2 1/2 beds.
4. Deplorable living conditions with gross overcrowding.	A fresh and vigorous approach to the problem of accommodation and diet by the authorities concerned and the provision of requisite amenities.
5. Diet not balanced and insufficient for growing women.	
6. No recreational facilities.	
7. No General Superannuation or Pension Schemes.	Introduction of a pension or provident fund scheme.

1	2
<i>Details of Assessment :</i>	
1. Information on Nursing Manpower not up-to-date.	Establishment of an All India Nursing Council for establishing standards and providing information on Manpower.
2. Nurse to population Ratio	
Nurse population ratio 1 : 43000	1 : 500 (targeted in 30 yrs.) This would mean an attempt to raise 20,000 nurses at the end to 5 yrs.
50,000	10 yrs.
1,00,000	15 yrs.
2,50,000	20 yrs.
5,00,000	25 yrs.
10,00,000	30 yrs.

Living conditions in Training Centres, Hours of work, Training of Nurses :

Types of Training	Admission requirements	Duration
1. Junior Certificate	Middle School Standard	3 years
2. Senior Certificate	Matriculation/ School Leaving Certificate	4 years (including Midwifery)
3. University degree course & post-graduate course	To be established wherever possible	

Requirements of Training Centres : Each training centre should provide training in all subjects of the curriculum. In case of any affiliation hospitals should be adequately staffed and brought upto the requirements of an institution for the training of medical personnel. The teaching centres should be manned by well qualified staff who, besides bearing the responsibility of looking after the patients, will find time for supervising, directing and advising the student nurses when they are on duty. The Hospital staff should provide for night supervision also.

Advanced study for Trained Nurses :—Courses like Hospital Administration, Sister Tutor Course and Public Health Nursing course be instituted. Suitable number of carefully selected nurses be sent abroad for higher studies. It is proposed that as a first step the School of Nursing Administration at Delhi be transformed into a College of Nursing.

Accommodation :—It is essential that adequate accommodation in Training Centres and Hostel accommodation be provided to meet the recommendation of expansion of Training Centres. The inadequacy will otherwise act as a serious deterrent in training.

The Status of Certificated Nurses :—In some of the more advanced countries of the World, the Nursing profession is recognised as being equal in status to the Medical profession, in that both are concerned with healing although their duties and responsibilities may differ. The Matron or Nursing Superintendent contributes her full share towards the administration of the hospital. "In India, however, in the opinion of general public the status of nurse is so low that Govt. place them in the sub-ordinate grade". *The committee recommends grant of gazetted status to Nurses.*

Social Security—The Committee recommended provision of Contributory Provident Fund and Pensionary benefits with provision of free treatment in case of ill health or if some one contracted an illness.

Male Nurses :—The Committee recommended training of Male Nurses to a considerable extent in the Male Wards. The social background, professional education and entrance qualification for Male Nurses should be the same with an equivalent salary.

Public Health Nurses and Health Visitors: The Committee recommended training of Public Health Nurses who will be more equipped for generalised practice of Nursing rather than be a Health Visitor only trained for Midwifery. The Committee called such a nurse as "Minister of Health" in the home. Such courses to be given to fully qualified nurses.

Training of Midwives :—The committee recommended a minimum one year of training for a qualified Nurse and 18 months for a Midwife.

Training of Dais : Training of local Dais and practice by trained Dais under adequate supervision and facilities for Refresher Courses were recommended.

2.2 *Report of the Nursing Committee to Review Conditions, Emoluments etc. of the Nursing Profession. Govt. of India. Ministry of Health & F.W., Shetty Report (Shetty Committee : 1954).*

The initial move for the appointment of the Nursing Committee was made by the then Union Minister for Health, Rajkumari Amrit Kaur, in her inaugural speech at the second meeting of the Central Council of Health held at Rajkot on

8th, 9th & 10th February, 1954. She emphasised the importance of good nursing and drew attention to the many factors that hindered its development. In pursuance of this resolution, the Government of India constituted a Committee on 19th May, 1954.

The terms of reference of the Committee were as follows :

1. To survey the existing facilities for teaching in nursing, conditions of work and emoluments of the various grades of nurses.
2. To assess the minimum requirements of the country as a whole in respect of nurses and to recommend specific measures to overcome the shortage. The Committee should particularly examine whether teaching cannot be imparted on a large scale in the regional languages or if this is not feasible at present, whether admission qualifications can be lowered without materially affecting adversely the quality of service rendered to the community by the nurses;
3. To examine the existing conditions of service and emoluments admissible to nurses in the various States and State-aided institutions and to make recommendations for their improvement so as to attract educated young women from good families to the profession. In making these recommendations, the Committee should keep in view the financial resources of the States so that it may be feasible to introduce uniform scales of salary and other conditions of service for nurses throughout the country.

The Committee visited some States, held 2 meetings and obtained information from State Nursing Councils and individual nurses.

The observations and recommendations made by the Committee were as follows :

Service conditions and Pay & allowances for Trained Nurses, Midwives and Health Visitors

Pay-Scale : There was some improvement in the pay scales but still pay scales have not kept pace with the rise in cost of living. The pay scales of Health Visitors and Midwives were found low. Provision of Pension and Provident Fund exist in most States.

Shortage of Nurses : Shortage of nurses was evident in almost all states and hospitals. Nursing services were spread out there. The ratio varied from 1 : 15 to 1 : 60. One Health Visitor for 40000 to 60000 population cannot make much contribution. Shortage was due to the fact

that posts were not created and nurses were to perform non-Nursing duties.

Equipment and Supplies : Inadequate supply and equipment, i.e. linen etc., hampered Nursing care in the hospital whereas in the community lack of transport or even transport allowance made it difficult for a Lady Health Visitor to perform her duties.

Hours of Work : Long hours of work (54—70 or even 90 hours night duty) were observed.

Breakage & Losses : The Nursing staff are responsible to make good breakage and loss.

Living Conditions : There is shortage of accommodation. It is essential that Nurses and Health Visitors live near the place of work. In rural area it is difficult for Nursing staff to find accommodation.

Promotional Avenues : Promotional opportunities for nurses are almost nil. A Health Visitor has practically no promotion in her entire working life.

Status : Nurses in senior positions have been granted gazetted rank.

Men Nurses: The system of Male nurses has been dispensed with because of limited promotion opportunities.

Training of Nurses : Admission standards of Indian Nursing Council are *not* followed.

Condition of Training : 75% of the nursing services provided in the hospital are by students. Student is regarded more as an employee than a student. Students work over 71 to 84 hours per week. 50% of the classes are done off duty time.

Living Conditions for Students : There is general shortage of accommodation. Students have medical examination on entrance. Diet is still not satisfactory.

Recommendations :

1. The appointment of a Superintendent of Nursing services in each State.

2. Combining the Nursing service for hospitals and that for the public health field into one service. Inclusion of experience of Public Health and Domiciliary Nursing in the basic course for nurses and midwives.

3. In planning to provide an adequate Nursing service, the immediate goal to be the provision of a minimum standard of Nursing in the

existing hospitals and public health services. The number required to be assessed on the following basis :

Hospitals : 1 Nurse (also qualified in midwifery for women's and maternity services) including students to 3 patients in hospitals used for the training of Nurses and Midwives. The teaching and administrative staff in special departments should not be included in the number of Nurses.

1 nurse, also qualified in midwifery for women's and maternity services to 5 patients in all other hospitals.

Domiciliary Midwifery : 1 Midwife to 100 births in rural areas. In towns and cities; in compact areas 1 Midwife to 150 births.

Public Health Field : 1 Public Health Nurse or Health Visitor to 10,000 of the population.

As midwifery practice by Dais is likely to continue for some years, provision to be made for Dais to be trained and for them to be required to work under supervision.

Nursing Education :

1. Recruitment of additional students, and the necessary staff for supervision and teaching, in the existing training centres as a first step towards increasing the number of Nursing personnel.

2. Creation of posts for Nursing staff in institutions and in the public health field to absorb the additional number of nurses who will be trained.

3. The appointment of Auxiliary Nurses and Midwives to supplement the Nursing service in the hospitals or wards which are not used for training Nurses. Establishment of training centres in District Headquarters hospitals for Auxiliary Nurses and Midwives.

4. Improvement in conditions of training of nurses. Priority to be given to :

- (a) provision of adequate living accommodation;
- (b) proper facilities for practical work, and adequate training for Sister Tutors and Ward Sisters.
- (c) proper care of students' health.
- (d) raising of educational standard wherever possible.
- (e) shorter working hours.

5. Better publicity to the potentialities of nursing as a career.

6. Special consideration to be given to personality and home background when recruiting students, provided that they meet other minimum requirements. Selection Committee to be constituted with Medical and Nursing Superintendents and Sister Tutors on it.

7. Ordinarily, married women, unless widowed or separated from their husbands, not be admitted for training. Students not to be allowed to marry during their training period.

8. Minimum requirements for admission to training schools to be in accordance with the regulations of the Indian Nursing Council.

9. Medium of instruction to be decided by each State. Individual training centres should also have the discretion to decide on this question.

10. Setting up a system of conselling for students, an experienced sister being assigned to a group of students for this purpose.

11. Students to be required to be resident during training.

12. Students may be required to execute a bond to give upto two years of service on completion of their training.

Nursing Service :

1. Nurses, qualified for the purpose should be associated with the selection of Nursing personnel. In recruitment too much centralization should be avoided.

2. Provision of adequate quarters for nurses.

3. Improvement in working conditions by an increase in staff, provision of linen and other supplies necessary to carry out good nursing, and shorter working hours. Inquiry into routine hospital practice with a view to modifying or simplifying it where necessary.

4. Proper provision for a periodical physical examination and for treatment during illness. Facilities to carry out proper isolation technique where it is necessary.

5. Provision of pension or provident fund.

6. Holding of regular staff meetings. Establishment of refresher courses for all categories of the Nursing staff. Granting of facilities for further study.

7. Providing for temporary service or part-time work for married women who have household responsibilities.

8. Recruitment of men as student nurses be in proportion to the employment open to them.

9. Exchange of nurses between different States to be encouraged.

2.3 Report of the Health Survey and Planning Committee (Mudaliar Committee, 1961).

Nursing Education :

(a) There should be three grades of Nursing Personnel :

(i) The Basic Nurse with 4 years training including 6 months in Midwifery and 6 months in Public Health.

(ii) The Auxiliary Nurse Midwife having 2 years' training.

(iii) The Nurse with a degree.

Facilities for career development, e.g. Basic nurse to get higher qualification, ANM to do basic course in Nursing after putting in 3 years' work.

(b) *Admission requirements & Duration of Course :*

(i) General Nursing—Matriculation—4 year's course (4th year should be months in Obst. & Gyne, and 6 months in Public Health).

(ii) For Degree Course—Pre-University—4 years. (Degree nurses must do 3 years service before they are given special duties or posted as specialists like Sister Tutors).

(c) Age of Admission—17 years.

(d) Medium of Instruction—English as Medium of Instruction to continue.

(e) Nurses Training programme

—Using nurse pupils for doing all the routine duties of the hospital not desirable.

—Emphasis should be given on training programme.

—Using students in place of qualified nurses is a retrograde step and is not conducive either to proper attention being given to the patients or to the efficient training of the probationers.

—Continuance of Dais Training as a temporary measure.

—*Post Graduate and Post Certificate Training for Nurses & ANMs*

—Opportunities for training for higher levels.

—Provision of Higher training, e.g., Public Health Nursing, Paediatric Nursing, Mental Nursing, Operation Theatre Nursing, Sister Tutor and Nursing Administration. Training Centres to be developed by Nursing Council. Special emphasis on training Psychiatric nurses.

Male Nurse : Male nurses to be trained for certain types of work e.g. in Mental Hospitals, Rehabilitation Centres, V.D. Clinics, etc.

Manpower Development : All District Headquarters Hospitals to be used for training of large number of Nurses (The ratio of 1 student to 10 beds).

Scale of pay—Ratio to Nurses of Hospital beds: Report of the Nursing Committee set up by the Central Council of Health are acceptable.

At the end of 15 years, there should be 1 ANM to 5000 population.

Appointment to higher posts : Promotion to higher posts after 3 to 5 years' practice and experience for Degree and Basic Nurses respectively

Hostel facilities and other facilities

—Every probationer should be provided with furnished accommodation.

—Free board, free supply of uniform and laundry facilities, free medical services (Medical check-up twice a year and separate ward for sick nurses).

—Provision of recreational facilities.

—In addition, graded scale and stipend.

Budget : There should be a separate budget for the Nursing School. Budget should include provision of A.V. Aids and library facilities on Nursing subjects and General knowledge books. Text books should be supplied to free every student according to year of study.

Advisory Committee : Nursing Suptd., one Senior Sister Tutor, Administrative Head of the School and 2 lady members (1 educationist) should be on the School Advisory Committee.

Training of A.N.M.

—Continuance and Extension of A.N.M.

—Candidates must have passed 8th grade.

—Duration of training 2 years of which 18 months should be for good midwifery and 6 months for general sick nursing.

These students should have the same facilities as are there for nurses.

Health Visitors vs. Public Health Nurses : Health Visitors should be recruited from General Nursing and such nurses be called as Public Health Nurses. Such persons will be of great assistance at all levels.

General Observation: Conditions to be made suitably attractive.

Medical care : Role of Nurse should include Health education in the Wards.

Powers of Various Statutory Councils

1. Recommendations with regard to uniformity powers for various Councils.
2. Regulation of Practice/registration of Nursing homes.

2.4 *Report of the Special Committee Appointed to Review Staffing Pattern and Financial Provision under the Family Planning Programme, Ministry of Health & F.W. (Mukherjee Committee Report, 1966).*

This Special committee has laid emphasis on accelerating the training of para-medical personnel Nurses, Auxiliary Nurse Midwives, etc., required for family planning.

The Committee has also made a special reference to the need for fixed Travel Allowance for field workers.

For providing incentives and a spirit of competition, the Committee recommended :

- (a) Awards for outstanding workers in the villages.
- (b) ANM/Nurses who work beyond their normal duty in camps etc., be allowed an amount equal to their normal daily allowances from the family planning budget to compensate them for their hard work that has to be done in the camps.

2.5 *Report of the Committee on Multipurpose Workers under Health Family Planning Programme, Government of India, Ministry of Health & F.W. (Deptt. of Family Planning, New Delhi (Kartar Singh Committee, 1973)*

This Committee made special recommendations for integrated services at the peripheral and supervisory levels.

Observations/recommendations made by the Committee

1. Lack of supervision at the peripheral level.

2. Work load of Auxiliary Nurse Midwife (10-15 thousand population)

3. Change in designation due to change in functions of ANM's and Lady Health Visitors.

4. Replacing ANMs with qualified Nurses for indoor work at P.H.Cs. and District Hospitals.

5. Specification of job responsibilities of ANMs/LHVs.

6. Each PHC had only 2 LHVs/PHNs.

7. Lack of promotional avenues for ANMs.

8. Reduction in the period of training of ANMs from 2 years to eighteen months and raising the entrance qualification to Matriculation or equivalent with science and biology.

9. Reduction of Lady Health Visitor's courses, in fact, closing the Health Visitors course, and providing 6 months promotional course for ANMs to become Female Health Supervisors. The Health Supervisor's qualification should be higher secondary with science.

10. Setting up of a training division at the Ministry of Health & F.W. for looking after

training requirements for Health & Family planning.

2.6 *Report of Expert Committee on Health Manpower Planning, Production and Management, Ministry of Health & F.W. Govt. of India, New Delhi, (Bajaj Committee, 1986) :-*

This Committee reviewed the state of Nursing education at the 10+2 level and has predicted the Nursing Manpower required.

Nursing Education

The Committee strongly recommends health related vocational courses for Auxiliary Nurse Midwife (Female Health Worker). To provide for vertical mobility to the products of the vocational courses. 10% seats to be reserved in higher technical courses.

Nursing Manpower requirements : Number of Nurses Required.

Prediction for 1991 on the basis of 0.73 beds per thousand population for 1991.

The difference between present bed strength of 0.6 bed per 1000 population and 1 bed for 1000 population required by 2000 A.D. have been split equally between three Plan periods i.e. 1986-90, 1991-1995 and 1996-2000 A.D. (See the following Table).

Manpower Requirement for Hospital Nursing Services.

Categories	Basis of Calculation	Nursing manpower requirement		
		1986	1991	2001
1. Nursing Suptds.	1:200 beds	2500	3051	4955
2. Dy. Nursing Suptds.	1:300 beds	1700	2034	3003
3. Departmental Nursing	7:1000+1Addl: 1000 beds (991x7+991)	4039	4880	7928
4 Ward Nursing Supervisors/Sisters	8:200+30% leave reserve	26520	31730	51532
5. Staff Nurse for Wards	1:3 (or 1:9 for each shift) +30 leave reserve	221000	264427	429432
6. For OPD, Blood Bank, X-ray, Diabetic clinics, CSR, etc.	1:100 Opt. (1:5 Opt.) +30% leave reserve.	33160	39664	64415
7. For intensive units (8 beds ICU/200 beds)	1:8 (1:3 for each shift)+ 30% leave reserve	26520	31730	51530
8. For specialised deptts & clinics OT, Labour room	8:200+30% leave reserve	26520	31730	51530
Total		342050	409246	664623

Nursing Manpower Requirements for community Nursing Service.

Projected population	991,479,200 (medium assumption)	
Infrastructure requirements by 2000 AD	Rural population	742,609,400
Community Health Centre	7436	100,000
Primary Health Services	26439	
30,000 population for plain area		Plain area 21482
20,000 population for difficult area		Difficult area 4957

Subcentres—163941

5000 population for plain area

3000 population for difficult area

Manpower requirement by 2000 AD

Primary Health Centre

Community Health Centre

	Plain area	Difficult area	
			128892
			33049
Nurse	Midwives	ANM	F M Supervisor
26,439		26,439	
52,052		—	
78,491	188,380		40,485

In addition to the above 74361 *Traditional Birth Attendants* will be required.

2.7 Highlights of the previous recommendations

A review of the recommendations of the above Committees reveals that the Bhore Committee had made an extensive survey of Nursing conditions in India alongwith a general survey of health services. The Committee had given excellent recommendations in terms of Nursing Education and Nursing Services in the hospitals and the community. The Committee recommended 2 grades of Nursing, (junior and senior certificate courses), university degree programmes in Nursing, speciality nursing courses and establishment of an All India Nursing Council. The Committee recommended that nurses be given gazetted ranks to improve their status. If efforts were made to implement these recommendations even in a phased manner, the Nursing profession would have found its rightful place in the Health services and the need to create other categories of a variety of Health workers might not have arisen. One of the strongest recommendations of this Committee, i.e., creation of posts for Public Health Nurses at Primary Health Centres has not found place in the Health care delivery system till today.

The Shetty Committee made a comprehensive review of working conditions, emoluments, status of Nursing education and Nursing services in the hospital and the community. The Committee made some major recommendations. It asked for the creation of a post of a Senior Nurse for the organisation of Nursing service

and bringing Nursing under one cadre. The Committee, while underlining the problems of Nursing students being used for service, still counted Nursing students in the norms suggested for Hospital Nursing Service. The Committee also recommended a Public Health Nurse for 10000 population.

Again, a review of the Mudaliar Committee reveals recommendations regarding Nursing Education of 3 grades, separate budget for Schools of Nursing, Nursing Advisory Committees for Schools of Nursing for selection of students for Nursing courses.

The Mukherjee Committee and the Kartar Singh Committee, have made recommendations with regard to increasing the number of Auxiliary Nursing personnel. The professional Nurse did not find any place in the reports of those Committees.

The Bajaj Committee, while recommending staffing norms for Hospital Nursing services has made calculations of Nursing manpower requirements for Community Health Centres and Primary Health Centres. The role and functions expected of the professional Nurse have been limited to the indoor patients, District Hospitals, etc, contrary to the preparation acquired and the role played by nurses in Primary Health Care. The reasons could be non-involvement of Nurses at the policy formulation, planning, and decision making levels; not providing adequate budget for the development of the Nursing profession during the last 43 years.

CHAPTER 3

METHODOLOGY

The High Power Committee held four meetings, visited nine States, including the Union Territory of Delhi, and sent out 500 Questionnaires. During the meetings and visits, the Committee met some State and Central Health Ministers, Government officials, Nursing Associations, Nursing Councils and various categories of Nursing personnel, including Nurses working at the district level, Primary Health Centres, and Sub-Centres.

3.1 Meetings: The First meeting of the Committee was held on the 25th September 1987. The Members were apprised of the existing status of the Nursing profession. The Members also made certain specific observations. Some of the members felt that there had been no improvement in the status and working conditions of nurses since the last review made by the Shetty Committee in 1954. The members also felt that no seriousness had been shown by the Government for the development of this profession. The Committee felt that an extensive and in-depth study is required to review all areas of terms of reference given to it. The Committee decided to address letters to all State Governments/Directors of Health Services/Deans of Medical Colleges/Hospitals/State level nurses/District level Hospitals (4-5 in each State), major private agencies like Voluntary Health Association of India, Christian Medical Association of India and the Trained Nurses Association of India. Approximately 600 letters were sent.

In the Second meeting of the Committee held on the 29th and 30th December 1987, the progress of work was reported. The Committee recorded with great concern the poor response to the questionnaire from the States. The Committee was also apprised about the Questionnaire sent and the Workshops held in Delhi on "Leadership Training For Health for All For Senior Nurses" with financial assistance from WHO under Project HMD 015, and Planning-Process of Nursing Services at the State Level, 1987, sponsored by DGHS. The reports of the Workshops and its recommendations were reviewed by the High Power Committee. The Chairperson stated that she had prepared another comprehensive questionnaire which may

be reviewed by the Committee and sent to all concerned.

In the meetings with senior nurses of Delhi—Delhi State Branch of TNAI, Joint Action Committee of Nurses, and Delhi Nurses' Federation—the representatives highlighted the shortage of nurses, poor norms, poor promotional opportunities, absence of provision for study leave, low pay scales, lack of equipment and supplies, lack of family accommodation and other issues concerning quality of Nursing services in the hospital and the community. The Nursing leaders also highlighted inadequacy of budgets, library, school buildings, etc., for Schools of Nursing. Nearly 200 nurses from Delhi participated in these meetings.

The Committee Members also met Mrs Saiyud Nyomviphat, Regional Nursing Adviser of WHO to know about the nursing status in the South East Asia Region. Mrs. Nyomviphat, in her presentation, pointed out that there is a definite Nursing organisational setup in Thailand, Indonesia, Philippines etc. Nurses in these countries are directly responsible to Health Secretary and are responsible for total development of Nursing. The total Nursing component i.e., Nursing Education and Nursing services in the hospital and the community are directly under the control of the nurses. Nurses enjoy partnership status in the health care delivery system in these countries. She informed that in Thailand, Nursing Education has moved into the university programme upto the Ph.D. level, and nurses are completely involved in all national health programmes. There is no dearth of equipment and supplies either for teaching or for patient care in the hospitals. The Committee prepared a programme of visits to various States.

In the Third meeting of the High Power Committee held on the 20th and 21st March 1989, under the new Chairperson, Mrs. Sarojini Varadappan, the Member Secretary reported that the Questionnaire prepared in the Second meeting was sent to all the States as decided. However, due to the preoccupation of the Exchairperson, the planned visits could not materialise. It was also reported that a National Convention of Nurses was held in August 1988 within the

framework of the terms of reference of the Committee. About 300 Nursing personnel, viz., Nurses, Public Health Nurses, ANMs, LHV's, Nurses at the State level and Registrars of Nursing Councils, members of professional Associations, and Members of High Power Committee attended the Convention. The Recommendations of the Convention were placed for consideration by the Committee.

The Member Secretary also presented a working paper for Eighth Plan proposals for development of Nursing Manpower. Members considered some aspects of it for preparation of the Committee's report.

The Committee formulated the plan of action including visits to States for completing the work by the 30th June 1989. Shri R. Srinivasan, Secretary, Health & Family Welfare, Shri M.S. Dayal, Additional Secretary, Health, and Dr. (Mrs) Ira Ray, Addl. D.G. (M) also attended the meeting on the second day. The Secretary, Health gave some very useful suggestions, viz., Statewise and Districtwise planning for Nursing schools, career mobility, re-entry into Nursing, standardisation of nursing practice, categories and levels of Nursing personnel required for the health care delivery system.

Members apprised the Secretary regarding the need for Legislation of Nursing Homes, and Nursing Bureaus for ensuring Nursing practice only by qualified nurses.

In the Fourth meeting held on the 8th, 9th and 10th June 1989, members were apprised about completing the State visits as scheduled. Samples of State visits and meetings with various Associations were presented. The Committee prepared a draft outline for the Report and formulated its draft recommendations. The Members visited Delhi Hospitals (Safdarjang Hospital and LNJP Hospital), Najafgarh Primary Health Centre, ANM, GNM Schools and RAK College of Nursing. The Committee also met representatives of the Indian Nursing Council, the Trained Nurses' Association of India, Public Health Nurses working in School Health Schemes of Delhi Administration, and Municipal Corporation of Delhi.

The Minutes of the meetings of the High Power Committee are given in *Appendix II*.

3.2 Questionnaire: 500 Questionnaires were sent to State Governments, Directorates of Health Services, ADHS/Deputy Director of Nursing, Deans of Medical Colleges, Schools attached to Medical Colleges, and district level hospitals. The Questionnaire was prepared keeping in view

the terms of reference for the Committee. 125 replies were received.

The Questionnaire and Guidelines for Presentation of State Profile is given at *Appendix III*.

Since the setting up of the Committee was also published in the Journal of the Trained Nurses' Association of India (The Nursing Journal of India), many individuals/groups also wrote letters to the Chairperson and Member Secretary of the Committee. All these responses were consolidated and considered by the Committee.

3.3 Field visits: A Visting Committee was formed with the Chairperson, Member Secretary and one or two Members. Nine States, viz., Tamil Nadu, Karnataka, Bihar, U.P., West Bengal, Assam, Meghalaya, Maharashtra and Union Territory of Delhi were visited from the 17th April to 19th May, 1989. During these visits, members had consultations with Health Ministers, Health Secretaries, Directors of Health Services and Nurses at the State level. Members visited one or two Hospitals, Schools of Nursing, ANM Schools and College of Nursing. Members also visited Primary Health Centres and Sub-centres. Meetings and discussions were held with Nursing Personnel and Nursing Associations.

The Committee noted that an appropriate organisational structure at the Directorate level with a post of Director of Nursing (Separate Nursing Directorate) are sanctioned for Karnataka with one Director, one Joint Director, 3 Deputy Directors—but the Directorate of Nursing has not started functioning, for the present Senior Resident Director of Nursing looks after the nursing division, of Medical and Medical education wing. In West Bengal, the Deputy Director (Nursing) with the assistance of 12-13 Senior Nurses in her office controls and manages the entire component of Nursing, i.e., Nursing Services, Nursing Education, Community Nursing and continuing education for nurses. In other states, viz., Tamil Nadu, U.P., Bihar, Assam, and Meghalaya there is only one Nurse in the DHS Office. In Tamil Nadu she is responsible to 2 officers, i.e., Director Medical Education, and Director Health Services. The post of Joint Director (Nursing) in UP is not filled. In Assam, the State Level Nurse is also responsible for the Assam Nursing Registration Council. Nurses at the various Directorate levels do have a gazetted status, but their pay scale is lower than their counterparts in the same directorate.

Apart from shortage of Nurses, the nurse-bed ratio varies from 1: 15 to 1: 60. There still exist split duty shifts, poor working conditions

in the hospitals, Hostels and the community Health field. The district Public Health Nurses' placement in the District organisations is not clear. Her workload is enormous with 10-12 hours of average travel time per day. In Karnataka, an additional Public Health Nurse has been posted at the district level.

During these visits, it was possible to hold discussions with various Associations and Unions of Nurses. Over 1000 Nurses of different categories working in different settings, including students, met the Committee members. Many of these presented their memoranda also.

The Reports of Field Visits are given in Appendix IV.

3.4 National Convention of Nurses: A National Convention of Nurses was held in August, 1988. Each State was asked to depute 10 Nursing personnel. The Nursing personnel included the Nurse at the State level, Principal Tutor, School of Nursing, Nursing Superintendent, Ward Sister of a hospital, Public Health Nurse, ANM and Registrars of various Councils. Over 300 participants from all the States and Union Territories attended the Convention. Ministry of Health & Family Welfare, Government of India, State Health Ministers from West Bengal, Orissa, Rajasthan, Himachal Pradesh, Goa, the Executive Councilor, Health (Delhi Administration) and Member, Planning Commission, also attended and addressed the Convention. All the dignitaries stressed the need for more nurses, better working facilities and promotional opportunities for Nursing personnel. The Member, Planning Commission, highlighted the need for development of the Nursing profession with provision of adequate funds. The Convention was attended by Secretary, Health, Director General Health Services and many Senior Officers. Participants also called on His Excellency President of India and the Hon. Prime Minister. Participants were divided into 5 groups. Each group deliberated on one of the terms of reference of the High Power Committee. The groups made very constructive recommendations for the consideration of the High Power Committee.

3.5 Nursing Councils : The Indian Nursing Council's representative presented a brief profile of the status of Nursing education. The Committee was informed that the Indian Nursing Council lays down the standards of Nursing Education, but it is not able to enforce standards primarily because of the lacunas in the Indian Nursing Council, inadequate infrastructure and personnel. All Schools/Colleges of Nursing are not inspected as per the prescribed requirement, i.e., once in three years. The Council

has got only 1 post of Inspector which is also lying vacant. Fulltime Secretary appointed in 1986 after 40 years of the establishment of the Council. The Indian Nursing Council (INC) has no control on the State Nursing Councils. Its role is only advisory. The number of registered nurses is not upto date as there is no provision of renewal of registration. As a result the statistics in the Council are not reliable. These suffer from duplication and inclusion of dead and migrated and other inactive nurses also.

Regarding the status of Nursing Education, the High Power Committee was informed that a majority of Schools run by the various hospitals have no separate budget for Schools, no classrooms, no library, etc. The Schools did not have even the minimum requirements in terms of staffing and other facilities. The Community nursing experience was not given as per requirement of the syllabus even in few Auxiliary Nurse Midwifery Schools. The working conditions were relatively better in private and Mission schools but maximum use was made of students for service in these organisations. It was also stated that almost all the Colleges of Nursing do not meet the minimum requirements laid down by the Indian Nursing Council.

3.6 Nursing Associations: Memoranda were invited from various Associations and Unions of Nurses. The Trained Nurses' Association of India (national level) and its several State branches, and Government Nurses' Associations of Assam, Karnataka, Tamil Nadu and Rajasthan sent their views about the existing status of Nursing profession. Almost all Associations expressed concern over the existing workload for the nurses in rural and urban areas. Shortages of posts, not filling of the sanctioned posts, opening of new department without consultation with the Nursing staff were repeatedly pointed out by the Nursing representatives. The Nurses talked about non-nursing duties, even doing duties of peons and ayahs in Subcentres, shortage of supplies and equipment, and payment for breakages and losses of equipment and supplies. They expressed concern over poor pay scales and allowances, lack of promotional avenues, lack of family accommodation, transport, etc.

All the Associations suggested that pay scales and allowances, recruitment rules, etc., should be uniform in the whole country. Better working conditions, straight shift duties, provision of family accommodation in urban and rural areas were demanded by all. The Nurses' Associations also desired that there should be adequate promotional

avenues for all categories of Nursing personnel, including ANMs/LHVs. One of the recommendations made by the Associations was about registration of Nursing Homes and Nursing Bureaus, and ban on the practice of nursing by

unqualified nurses. Many mentioned that fee for private practice of Nursing be fixed.

The Memoranda submitted by the various Nurses' Associations and Unions are summarised in *Appendix V*.

CHAPTER V

FINDINGS

4.1 *Effect of Working Conditions on Status of Nursing Services:*

The working and living conditions of Nursing personnel have a direct bearing on the status of nursing service. The quality of Nursing care depends on the number and quality of Nursing manpower. It is also related to working conditions, equipment and supplies in the work place. The quality of Nursing service also depends on the opportunities available for enhancement of professional education and incentives for promotions, etc.

From the data collected by the High Power Committee through the various techniques listed in the last Chapter, it was observed that the Working conditions and the status of Nursing personnel in the hospital setting in most of the States was either inadequate or unsatisfactory in respect of physical facilities, salary & allowances, health protection, accommodation, transport, promotion and career development. The data compiled from the various States in this regard is given in *Appendix VI*. The Pay scales for different categories of Nursing personnel in the hospital setting, community, schools/colleges of Nursing and of the State level Nurse are given in *Appendix VII (a), (b), (c), (d) and (e)*. The major problems expressed by the Nursing personnel from the different States is given in *Appendix VIII*. These cover some salient aspects, viz., staffing norms, equipment and supplies, workload, security, incentives, etc. The facilities available for training and education of Nursing personnel was again found to be inadequate or insufficient. The Statewise breakup of responses in respect of teaching staff, physical and clinical facilities, library and budget, etc., is given in *Appendix IX*.

The major problems expressed by the Nursing personnel in relation to student Nurses, viz., student status, stipend, health protection and provision of recreational facilities is given in *Appendix X*.

The general impression gained during the field visits and interviews with senior nurses was that the Nursing Superintendents/District Public Health Nurses are hardly involved in any decision making process or in policy making and planning issues. In general, the nurses are given the role of simply following the instructions.

They are thus not able to show their expertise in the Nursing field due to such handicaps in the work environment.

4.2 *Analysis of Existing Working Conditions of Nurses with Particular Reference to Status of Nursing Services, both in Rural and Urban Areas.*

4.2.1. *Hospital Nursing Services (Urban Areas):* Recruitment rules for different categories of posts are available in almost all the States. However, all these need revision. Recruitment rules for senior posts are not available. Hence such top positions in Nursing are laying vacant.

In the urban areas, nurses work in hospitals owned by Government, private organisations and Mission institutions. Recruitment rules vary from institution to institution. In the Government sector in most of the States, student nurses have 2-3 years bond to serve. States like U.P., Maharashtra and Tamil Nadu have not been able to offer jobs to bonded candidates. In Karnataka, qualified B.Sc. Nurses are get to be employed by the State Government.

The Committee recommends that there should be no bond for Nursing students as States do not give them employment during the stipulated period. However, keeping in view the shortage of nurses in the hospitals and community health field, the States should create more posts and appoint these nurses in appropriate positions. The Committee also recommends that uniform recruitment rules should be made for each category of Nursing personnel throughout the country.

4.2.2. *Community Nursing Services (Rural areas):* Auxiliary Nurse Midwives are appointed at the Subcentres. In U.P. and Gujarat, these ANMs are not registered. There is a need to register them so as to avoid legal implications of practice of midwifery by unregistered ANMs. Auxiliary Nurse Midwives/Female Health Workers trained for 6 months in the Health Supervisor Course is appointed as Health Supervisor (Female).

District Public Health Nurse : In States like Punjab and Haryana, Lady Health Visitors are appointed as District Public Health Nurses although the Lady Health Visitor is not a qualified nurse.

The Committee recommends that all such Health Visitors be trained and the post of District Public Health Nurses be filled only by registered qualified nurses who have completed Diploma in Public Health Nursing, or B.Sc. Nursing or Post-basic B.Sc. Nursing courses.

4.2.3. *Pay Scales* : From time to time the pay scales of all categories of workers are revised by Pay Commissions in each state. The same practice is also applicable to the Nursing personnel. Though there has been some improvement in the pay scales of Nursing personnel, yet it has not kept pace with the rise in cost of living and parity with other professions. Nurses also get special allowances, like uniform, washing, qualification, messing and Risk allowance. There is, however, a wide disparity in these allowances. For instance, nurses in the Central Government get Rs. 1500 as Uniform allowance per year, whereas nurses in the State of Meghalaya get only Rs. 60 per month. A Washing allowance of Rs. 75 per month is given to nurses in the Central Government, whereas it is only Rs. 10 per month in West Bengal. In Assam, even the Matron is not given Uniform and Washing allowances. The Auxiliary Nurse Midwives and Health Visitors/District Public Health Nurses are given Uniform and Washing allowance in 10 States only.

The Committee recommends that there should be uniformity in pay scales and allowances as far as possible. Allowances like uniform allowance, washing allowance, Nursing allowance should be admissible to all categories and of cadres of Nursing personnel throughout the country.

4.2.4 *Workload*: Although the overall ratio of nurses to hospital beds has improved from 1:3 in the Central Government institutions to 1: 10 in U.P., Bihar, etc., yet in actual practice it was observed that a nurse looks after one or even two wards of 50 to 60 patients during evening and night shifts. The Nursing personnel are distributed to various outpatient departments, operation theatres, special theatres, special units, etc. It was revealed that, on an average, nearly one-thirds of the staff is posted in various departments, another one-thirds is on leave or absence, etc., and only one-thirds is available for the bedside care. All these factors lead to poor nurse-bed ratio in the wards and increased work load. Lack of supervision by senior nurses during evening and night was also observed.

The practice of posting student nurses alone is not uncommon. In fact, (PTS) students were found working in the Intensive Medical Units. Nurses were basically performing duties like giving injections and medicines, or performing non-nursing functions like maintaining records, stores, etc. Basic Nursing care was only partially observed in Meghalaya, Assam, Karnataka and Maharashtra. Considering the existing conditions, it is amazing how one nurse can even complete administration of medicine for all the 100 or more patients in the wards, leave aside any Nursing care. With this type of work load, no real Nursing care is possible.

The Committee recommends that the nurse-bed ratio must take into account leave reserve, requirements of various departments and staff for administration and needs of new departments as and when opened.

Similarly, it is not possible to by an ANM to look after 5000 population in rural/difficult areas. In Meghalaya and other hill regions, it is not even possible for her to look after 1000 population. From our observations, the job function of ANMs listed 42 activities. She has to maintain several registers and complete all targets apart from performing her allotted functions.

The Committee recommends that a population of 2500 is adequate for an ANM in the plains. In hilly and difficult areas there even may be the need of 1 ANM to one village.

Similarly a Female Health Supervisor cannot supervise 6 ANMs, i.e., 30,000 population.

The Committee recommends that this be reduced to 3 ANMs to 1 Health Supervisor, i.e., about 7500 population for 1 Health Supervisor.

The Committee felt that having one District public Health Nurse to supervise 60-70 Primary Health Centres and about 400-500 Nursing personnel is just not adequate. Each district should have a complete Nursing organisation with nurses to look after the total Nursing component, i.e., District Hospital, Nursing Education, district level and district Community Nursing Services and in-service education for all Nursing personnel in the district.

The Committee recommends that the Nurse-bed ratio should be worked out on the basis of the needs of the patients, needs of the department, staff for administrative work, shift duty leave reserve, etc. The Administration must, provide full Nursing staff while opening a new department with the provision of a 30% leave reserve. Since Nursing is predominantly a women's profession, there may be a need for ad

hoc or temporary replacement of nurses when they are on long leave (maternity leave, for example). A provision for leave reserve for study leave must also be ensured. The Committee further recommends that minimum basic Nursing care standards be laid down and implementation of these be ensured.

4.2.5 Working Hours: Nurses work in shifts in the hospitals. Split shifts with 12-hours night duty is still prevalent in Tamil Nadu, Karnataka, and U.P., whereas in Maharashtra and Delhi, morning and evening shifts are of 7-hours with 10-hours night duty. Hence nurses on an average work 48-52 hours a week. The split duty arrangement has been found to be most inconvenient by married nurses, as they can neither go home nor have a place to rest in the hospital. This practice of split shift can be beneficial if nurses are provided family accommodation in the hospital complex whereby they can make use of these hours for their household work.

The Committee strongly recommends that split shift should be stopped in all the States wherever in practice and necessary posts created in the interest of women's welfare and 40 hours of weekly work be enforced. Working at odd hours and extra working hours be compensated by days off or additional remuneration.

4.2.6 Career Prospects (Promotional Opportunities): The Committee observed that seniority is the only criterion for promotion in all the States. Promotions also depend on the availability of senior posts. In the State of Tamil Nadu, mention was made of Selection Grade after 10 years service. However, in actual practice it was found that many Staff Nurses have been working as Staff Nurses for 20-25 years. Many retire after getting promotion to the post of at most of a Nursing Sister, which hardly provides any financial benefits. A similar situation exists in other States.

Similarly, there are ANMs promoted to the post of Health Supervisor depending on the availability of posts. Health Visitors and public Health Nurses have rare promotional opportunities.

The Committee recommends a minimum of 3 promotions for each category of Nursing personnel during their span of service. In cases of stagnation, selection Grades or running pay scales be given.

4.2.7 Equipment and Supplies: The Committee observed acute shortage of equipment and supplies for giving Nursing care. Wash basin,

soap, towel, sponge clothes seem to have become things of the past. There is acute shortage of linen, thermometers, syringes, needles, cotton, bed pans etc. Two or three patients were found on one bed, lying on mattresses or mackintoshes. One has to search for a back rest, cardiac table or even pillows in some hospitals. These along with articles for cleanliness of wards, i.e., detergents, antiseptic solutions, were hardly seen. In the absence of basic equipment and supplies, even if a nurse wishes to do Nursing care, she cannot do that. The Committee was told that even brooms and dusters are not available.

Similarly, in rural areas the ANMs/LHVs experience shortage of equipment and supplies like syringes, needles, kerosene oil, etc.

The Committee strongly recommends that minimum standards of basic equipment needed for each patient be studied and norms laid and provided to enable nurses to perform some of the basic Nursing functions. The Committee further recommends that there should be a separate budget for Nursing equipment and supplies in each hospital and P.H.C. The Nursing Superintendent and the P.H.N. should be members of the condemnation and purchase committees. The Committee also recommends that the minimum basic essentials be made available for safe Nursing practice in the community.

4.2.8 Breakages and Losses: Even today the Nursing staff are held responsible to make good for breakages and losses. This prevents Nursing Sister to give out supplies and equipments, especially linen, thermometers, and instruments. Some nurses complained that they have paid Rs.1000 at times on this account. The Committee feels that it is not fair to make a Nurse pay for breakages and losses as hospitals have no check on entry of visitors, etc. Systems like central sterile supply, central linen and drug supply may help in solving this problem. These systems do not, as yet, exist even in most of the big reputed city hospitals.

The Committee recommends that there should be central supply system for distribution of all essential supplies and equipments. The Committee also recommends that Nurses should not be made to pay for the breakages and losses. All hospitals should have a system of regulating visitors by appointing security guards.

4.2.9. Living conditions (Accommodation): Nurses from time immemorial have been provided with free furnished accommodation in the Nurses' Hostels of the hospitals. Over the years, the hostel accommodation arrangement has not kept pace with the increase in the number of nurses. The Committee observed even

5 to 6 nurses sharing one room. Apart from sharing the room, facilities like toilets and bath-rooms are also not according to any basic hygienic standards. Nurses in many places are cooking in these rooms. Such practices were observed in Delhi, U.P., and Bihar. Such a situation further deteriorates the living conditions. Poor lights, and insanitary conditions were observed in Bihar, U.P., Tamil Nadu, and West Bengal. In Bihar, even married nurses are living in the hostels with their families. Such a situation is common in almost all the States. Living conditions were rather satisfactory in Karnataka, Maharashtra, and Meghalaya.

Again, the Committee observed that married nurses are not provided with family accommodation near the hospital. This was one of the major demands of all the nurses in urban areas. In rural areas, 30—40% of ANMs, LHVs have family accommodation. The Centre being located outside the village it not only makes living difficult but also insecure. The ANMs living in rented houses have lot of problems of safety and security. Many ANMs were found living in sub-centres which are dilapidated with no water, light or toilet facilities in most of the States.

The Committee strongly recommends that nurses be provided accommodation near the place of work and in rural areas no sub-centres be built without making safe and hygienic provisions of family accommodation for the ANM. The Committee also recommends that in future hospitals should have apartment type of accommodation.

4.2.10. Transport : As stated earlier, many nurses being married and not having accommodation near the place of work, have expressed lot of difficulties in commuting for work from 20—30 Kms distance every day. Irregular transport services and other law and order problems (bandhs, riots, etc.), no transport on holidays, etc., make it difficult for them to attend to their duties. Accommodation and transport are closely linked and affect the nursing services at odd hours.

The Committee recommends that both problems of accommodation and transport can be solved by making apartment type of accommodation in place of nurses' hostels. If possible hospitals may build colonies of houses for all their employees as is done by industrial units, factories, etc., and make arrangements for chartered buses. Hospitals should make provision for transport of Nurses in emergency and odd hours.

In rural areas, transport is a big problem for District Public Health Nurses, Lady Health Visitors and ANMs. All these personnel spend a lot of time on travel in city transport service and walking. In Tamil Nadu, Karnataka, Maharashtra and West Bengal, and practically in every State, the District Public Health Nurse spends 10—12 hours of travelling every day. Moreover, the travelling allowance provided is not fixed. Many a times T.A. bills are not cleared in time.

The Committee recommends that the District Public Health Nurse be provided with a vehicle for field supervision work. The possibilities of pooling of transport by district level Officers may help till such time that individual officers can be provided with vehicles. All the Field Nursing staff be given a fixed T.A. with provision of enhancement from time to time.

4.2.11. Personal Safety and Security : Safety and security problems are linked with odd hours of work, lack of accommodation near place of work and irregular transport facilities. The problem is more evident in rural areas. In the State of Maharashtra, nurses are being given Judo and Karate courses for self protection. This problem is also linked with the general law and order situation and the difficulties of women workers.

The Committee recommends that as far as possible family accommodation for male and female workers be built at the sub-centres. The accommodation should have proper security arrangements like provision of boundary walls and fencings, etc. The existing arrangement of providing female attendants for Female Health Workers in the Sub-centres be continued and enforced.

4.2.12. Occupational Health Hazards : Nurses in the Central Government are covered by Contributory Health Scheme whereby they get all health care facilities. Such facilities are limited in the States. Nurses, during the Committee's visits to States, mentioned that nurses are more prone to infections but the exact number of nurses developing occupational disease is not available.

The Committee recommends that Contributory Health Scheme facilities be extended by the State Government to all Nursing personnel till such time free medical services are provided to them. Risk allowance be paid to Nursing personnel both in the urban and rural areas.

4.2.13. Professional Status : The Committee observed that only the post of Nursing

Superintendent, State-level nurse and some positions in the Colleges of Nursing enjoy gazetted status. The gazetted status is only for about 10% of the total posts. In some States till today, no nurse has a gazetted status. The status of the Nursing profession is very low as compared to their counterparts. In Central Government, the doctor starts his professional career with gazetted status (senior level) whereas the senior-most nurse ends her professional career with a gazetted status (junior level) in the hospital setting. At the State level, the nurses end their career not even at the Class 2 gazetted level.

The Committee recommends that the gazetted rank be allowed for nurses working as Ward Sisters (Minimum Class II gazetted). This will ensure status to Nursing service and Nursing personnel starting from the Ward level (Unit of hospital). Similarly, the posts of Health Supervisor (Female) be gazetted and District Public Health Nurses be given status equal to District Medical/Health Officer.

4.2.14 Inadequate Guidance and Supervision : The Committee, during visits and review of Questionnaires, have noted with concern that there is lack of supervision and guidance for Nursing personnel at all levels. The reasons being shortage of staff and lack of preparation of senior nurses. The Nursing personnel are promoted to higher posts without further preparation, hence then are not able to provide effective guidance and supervision.

The Committee recommends that for promotion to the post of Ward Sister, Post-basic Nursing/B.Sc. Nursing be made as an essential qualification. The promotions should be based on merit-cum-seniority. The principle of possessing higher education than the category to be supervised should apply for all levels and categories of Nursing personnel in the rural and urban areas.

The Committee further recommends that along with education and experience, there is a need to increase the number of posts in the supervisory cadre for making provision of guidance and supervision during evening and night shifts in the hospitals.

4.2.15 Summary of Recommendations for Improving Working Conditions

- Nursing care standards to be developed. Nurses to record or made accountable for their performance (Nursing audit to be established).
- Staffing Norms to be improved. Need-based studies to be conducted to prepare norms.

Requirement of administration, new and special departments, leave reserve (30%) need to be considered. Stoppage of split shift duties wherever in practice. Nurses to work only 40 hours a week. Duty hours to be adjusted according to institutional and nurses' convenience.

Nurses at the Ward Sister's level be given a gazetted status to command respect. The incumbents should have B.Sc. Nursing/Post-Basic B.Sc. Nursing level preparation to provide adequate supervision. Similarly, in the rural areas qualifications of Health Supervisors be improved and public health nurses be given a Class II gazetted rank. The District Public Health Nurses should have Class I gazetted rank with preparation at Master's level in Community Health Nursing.

- Nursing personnel to be involved in planning the Hospital's requirements. Some funds be allocated to Nursing Superintendent to purchase supplies and equipments for emergency purposes, e.g., syringes, intravenous sets, etc.
- Non-nursing duties like counting drugs, linen, attending telephone calls, running to sanitary departments and house keeping department be taken away from nursing job. To enable nurses to do nursing jobs, supply and equipment be made available on the wards.
- Provision of promotional policy: advancement of education will enhance nurses' morale and improve Nursing services (Many nurses have never even attended one refresher course in the life time).
- Introduction of a Central Sterile Supply System, Hospital House Keeping Departments, Central Linen and Drugs Supplies. This will save Nursing hours for Nursing activities.
- Provision of family accommodation and transport will facilitate quality of nursing care.

4.3 Staffing Norms in the Hospital and the Community:

From the study of the Questionnaire and visits to various States, it was observed that the States have an overall nurse-bed ratio of 1 : 3 to 1 : 10. The overall ratio is better in some of the Central Government hospitals. For instance, in the Safdarjang Hospital New Delhi, the ratio is 1 : 2.5, whereas in Tamil Nadu hospitals it is 1 : 10. In actual practice, however, it was observed that the nurse-bed ratio varied from 1 : 15-20 in the morning to 1 : 100

at night. One student nurse alone working at night in between two wards was also seen. It was also observed that most of the senior staff i.e., Nursing Sister's Asst. Nursing Supdt./Nursing Supdt. are all on duty during the morning shift. At night, only one or two Nursing Sisters are available in an entire hospital. This practice is common in almost all the States. Even students are put up on evening and night duty without supervision of Tutors or senior nurses.

In the rural areas, the norms prescribed are one ANM to 5000 population, one Lady Health Visitor to 6 ANMs and one District Public Health Nurse in the whole District.

4.3.1 Cadre Review Committee Recommendations on Staffing Norms

Keeping in view the need to render appropriate nursing care to patients and consideration of feasibility, affordability and the needs of different departments of the hospitals including outpatient departments, operation theatres and accounting for leave reserve, etc., the Cadre Review Committee (1988) evolved staffing norms for a 500 beds hospital as follows :

(1) Nursing Superintendent	1
(2) Dy. Nursing Supdt.	1
(3) Asst. Nursing Supdt./Dep'tt. Sisters	9
(4) Nursing Sisters	54
(5) Staff Nurses	270

4.3.2 Staffing norm recommendations by previous Committees.

From the review of various Committee reports, it is observed that efforts have been made to recommend some norms for Nursing services in the hospital and the community. The Bhore Committee (1946) had recommended one Nurse for 500 population and one Midwife for 100 births per year and one Public Health Nurse for 5000 population. If these recommendations were implemented, Nursing manpower would have been approximately 14 lakhs today with 1.27 lakhs Midwives and 1.4 lakhs Public Health Nurses. However, the actual growth of Nursing manpower has fallen short of the projections. The cumulative total of Registered Nurses and ANMs in the country in 1986 was only 2.07 lakhs and 1.08 lakhs respectively.

The total number of nurses from the First Five Year Plan (1951-56) to Seventh Five Year Plan (1985-90) is given in *Appendix XI*.

The Shetty Committee (1954) opined that due to financial and other constraints it would

not be possible to prepare Nursing manpower on the basis of population. The Committee recommended that the ratio should be based on actual requirements of Hospital and the rural community. This Committee recommended placement of one nurse to 3 patients in teaching hospitals (training of Nurses & Midwives) and one nurse to 5 patients in other hospitals. The teaching and administrative staff and the staff in special departments should not be included in calculating the number of nurses required. The Committee recommended one Midwife for 100 births in rural areas, and one Midwife to 150 births in towns, cities and in compact areas. For the Public Health field, it recommended one Public Health Nurse/Health Visitor for 10000 population.

Auxiliary Nurses and Midwives were thought to be assigned duties in keeping with their training and to be required to work under supervision.

The recommendations of the Shetty Committee in terms of Nursing Manpower were endorsed by Mudaliar Committee (1959-61). In the Central Council of Health meeting held at Bombay on the 16th and 17th October, 1968, the Council vide agenda item No. 13—Nursing Service—had passed the following Resolution (No.12).

“Recognising that Nursing care services in hospitals leave much to be desired.

Noting that sufficient number of qualified Nurses and Auxiliary Nurse Midwives are available, the Council recommends:

That in conformity with the recommendations of the Health Survey and Planning Committee and of the Special Committee appointed by the Government of India, the qualified nurses/midwives in a teaching hospital should be in the ratio of one nurse to 3 patients while in other hospitals in the ratio of one nurse to 5 patients. For determining this nurse-patient ratio the nursing staff engaged in teaching, administration, etc. should not be taken into consideration.”

That the Auxiliary Nurse Midwife should be in the ratio of one Auxiliary Nurse Midwife for 5000 population.

And, realising the advantages of integration of hospital and community Nursing services and the need for maximum utilisation of available Nursing services and Nursing personnel, recommends;

That all nursing personnel be brought in one cadre as recommended by the Committee.”

Over the years, the Nursing Administrators have been laying stress on creation of posts and increasing of training facilities to meet these recommendations/resolutions but till now this has not been possible.

This point has also been made by the Trained Nurses' Association of India as well as the Indian Nursing Council. These bodies have stressed that the hospitals where Schools of Nursing are attached, should have these recommended ratios. Based on certain studies conducted by Nursing professionals, and the Institute of Applied Manpower Research New Delhi, efforts were made to emphasize the need for additional training facilities to meet the health manpower requirements. Based on these assessments, the Secretary, Indian Nursing Council, presented a document of Nursing Manpower requirements to the Planning Commission during the Sixth Plan period. Since no Central assistance is provided for the development of Nursing manpower, these recommendations, excepting training of ANMs etc., were not accepted. The training of ANMs has, of course, been made a Centrally-sponsored scheme.

4.3.3. *A Perspective on Staffing Norms*

A study of these norms reveals that in the first instance no State has implemented even the norms set out 35 years back. The suggested norms do not specify coverage of Nursing services for 24 hours for 365 days in a year. It is observed that a regular full time employed nurse works for only 48-52 hours a week. She gets 72 days off in a year, 12 days' Casual leave and 30 days' Earned leave (Total 114 days) which means she works only for 231 days in a year (365-114). Hence, for every nurse there is need for 1 : 1.3 nurses. In other words, operationally four nurses are required in place of 3 nurses. Nursing manpower requirement has to meet the Nursing service needs of 365 days in a year and 24 hours a day, whereas the nurse works only a 8 hours a day or night for 231 days. The situation varies from State to State.

Further, the needs of patients vary according to the level of dependency or seriousness of sickness. Several Time and Activity Studies

have revealed the actual requirements for basic Nursing care of the minimum standard depending on the degree of the patients' illness, i.e. completely dependent, partially dependent, and ambulatory. For the former two categories the manpower needs are much greater than any norms described above. It has been stated in one study conducted at the AIIMS that for a total of 749 patients, 629 nurses were required (study done in 1981). Including the staff for various departments and the leave reserve, 775 Nurses were actually needed for 749 patients.

Keeping in view all factors, i.e., assessment of Nursing service status, quality of nursing care provided, constraints of training of manpower and financial limitations, the High Power Committee recommends the following norms, already suggested by the Bajaj Committee for Hospital Nursing Services for Urban Areas.

1. Nursing Supdt. 1 : 200 beds (hospitals with 200 or more beds)
2. Dy. Nsg. Supdt. 1 : 300 beds (wherever beds are over 200)
3. Asst. Nsg. Supdt. 1 : 150 beds (wherever beds are over 150)
(7 : 1000 beds)
4. Ward Sister/ Ward Supervisor 1 : 25 beds + 30% leave reserve
5. Staff Nurses for wards 1 : 3 (or 1 : 9 for each shift) + 30% leave reserve
6. For Nurses OPD & Emergency etc. 1 : 100 patients (1 bed : 5 out patients) 30% leave reserve
7. For Intensive care units 1 : 1 (or 1 : 3 for each shift) 30% leave reserve.

For specialised departments, 1 : 25 + 30% leave reserve.

such as Operation theatre, Labour room, etc.

4.4 *Nursing Manpower Requirements*

The Bajaj Committee (1986) recommended the following Nursing Manpower requirement for the hospital and the community. settings :

Manpower Requirement for Hospital Nursing Services

Categories	Basic of Calculation	Nursing manpower		
		1986	requirement 1991	2001
1. Nursing Supts.	1 : 200 beds	2500	3051	4955
2. Dy. Nursing Supts	1 : 300 beds	1700	2034	3003
3. Departmental Nursing	7 : 1000 + 1 addl. 1000 beds (991 × 7 - 991)	4080	4880	7928
4. Ward Nursing Supervisors/Sisters	8 : 200 - 30% leave reserve	26520	31730	51532
5. Staff Nurse for Wards	1 : 3 (or 1 : 9 for each shift) - 30% leave reserve	221000	264427	429432
6. For OPD, Blood Bank, X-ray, Diabetic clinics, C&R, etc.	1 : 010 Opt. (1 : 5 Opt.) + 30% leave reserve	33160	39664	64415
7. For intensive units (8 beds ICU/200 beds)	1 : 8 (1 : 3 for each shift) + 30% leave reserve	26520	31730	51530
8. For specialised dep'ts & clinics OT, Labour room	8 : 200 + 30% leave reserve	26520	31730	51530
TOTAL		342050	409246	664623

1991 (on the basis of 0.73 beds per thousand population for 1991).

The difference between the present bed strength of 0.6 bed per 1000 population and 1 bed per 1000 population required by 2000 A.D. has been split equally between 3 Plan period, i.e., 1986-90, 1991-95, 1996-2000 A.D.

NURSING MANPOWER REQUIREMENTS FOR COMMUNITY NURSING SERVICES

Projected population 991,479,200 (medium assumption)
Rural population 742,609,400

Infrastructure requirements by 2000 AD

Community Health Centre	7436	100000
Primary Health Services	26439	
30,000 population for plain area		Plain area 21482
20,000 population for difficult area		Difficult area 4957
Subcentres	163941	
5000 population for plain area		Plain area 128892
3000 population for difficult area		Difficult area 33049

Man power requirement by 2000 AD

	Nurse Midwives	ANM	FH Supervisor
Primary Health Centres	26,439	26,439	
Community Health Centre	52,052	..	
	78,491	188,380	40,485

In addition to the above, 74361 Traditional Birth Attendants will be required.

As per the norms recommended, the Nursing Manpower requirement by 2000 A.D. will be:

Urban Area

(Hospital Nursing Services)—Nurse Midwives 664623.

Rural Area

Sub-centres ANM/F.H Worker	323882
Health Supervisor	107960
Primary Health Centres P.H. Nurse	26439
Community Health Centres Nurse Midwives	26439
Public Health Nursing Supervisor	7,436
Nurse Midwives	52,052
District Public Health Nursing Officer	900

Total Nursing personnel for Urban & Rural Nursing Services

Nurse Midwives	P.H.N.	Health Supervisor ANM/HW
664623	26439	107960
26439	7436	
52052	900	
743114	34875	

The Nursing Manpower norms recommended by the Committee does not cover special areas like School Health, Industrial Health, occupational health needs of Private Sector (Nursing Homes), Geriatric centres and many other areas where nurses may work with the expansion of services. At present, nurses are also working in School Health and Industrial units. A Public Health Nurse in School Health Scheme (Delhi Administration/Municipal Corporation of Delhi) covers a population of about 5000 children in six or seven schools.

The Committee felt that this norms is excellent. However, the Committee, after reviewing the function of this group, recommends that there is need for expansion of this scheme in all the States. Job description of this category can be made more explicit. Career mobility of zonal and regional Public Health Nurses should be considered as for the doctors.

Hence the Committee recommends that the Nurse should have a vital role to play in the delivery of total health services in rural, urban and special areas. Urgent attention needs to be paid to increasing the number of nurses in the country.

The Committee strongly felt that in terms of Primary Health Care and Health for All, a health team at the Primary Health

Health Centre is incomplete without a professional nurse for community work and supervision of nurses, Health Supervisors and ANMs. The Committee also noted that there is no mention of Public Health Nurse at the Community Health Centres (1 lakh population) and at the Primary Health Centres (30000 population). However, there is a mention of 7 Nurse Midwives for Community Health Centre Hospitals and 1 nurse Midwife for a Primary Health Centre

Keeping in view the workload, duties and responsibilities and professional competence of each category of worker, the Committee recommends :

- 1 ANM for 2500 population (2 per sub-centre)
- 1 ANM for 1500 population for hilly areas
- 1 Health Supervisor for 7500 population (for supervision of 3 ANMs)
- 1 Public Health Nurse for 1 PHC (30000 population, to supervise 4 Health Supervisors).
- 1 Public Health Nursing Officer for 100000 population (Community Health Centre)
- Two District Public Health Nursing Officers for each district.

4.5 Training of all Categories and Levels of Nursing, Midwifery Personnel to Meet the Nursing Manpower Needs at All Levels of Health Services and Education.

4.5.1 The Existing Training facilities. The Committee observed that there are various categories of Nursing courses in the country.

Basic courses : There are 448 ANM (F.H.W.) Schools in the country. Approximately 10981 ANMs (FHWs) qualify from these schools. Similarly there are 375 Schools of Nursing qualifying 8992 nurses every year. There are 19 Basic B.Sc. Nursing degree programmes qualifying about 454 graduate nurses. Training centres for male candidates exist in Haryana, Rajasthan, Tamil Nadu, Karnataka, Andhra Pradesh and Punjab.

A Statewise List of Schools and Colleges of Nursing Recognised by Nursing Council/Board is given in *Appendix XII*.

Post Certificate/Post Graduate courses : There are 43 Promotional Training Schools providing 6-month promotional courses for

Auxiliary Nurse Midwives. After this course, many of them are appointed as Health Supervisors in the community. Almost all the States visited have expressed concern about this level of workers. The Promotional Courses do not seem to equip the Health Supervisors for the supervisory role. It was learnt that the Indian Nursing Council had raised this issue with the Government for extending the period to one academic year. However, this was not accepted.

The Committee observed that the 8th passed ANM with a 6-month Promotional Course is not educationally and professionally competent to perform her supervisory role.

Apart from the above educational programmes, there are 8 Public Health Nursing courses (ten months' duration); 7 centres where Diploma in Nursing Education and Administration (10 months' duration) is given for qualified nurses; 2 programmes in Psychiatric nursing, (Diploma in Psychiatric Nursing-10 months), and only 1 programme in Paediatric nursing in the whole country.

Post Certificate B.Sc. Nursing courses : There are 10 Colleges offering Post-Basic B.Sc Nursing programme of 2 years' duration for qualified registered nurses. This enables the qualified nurses to augment their professional competence.

M.Sc. Nursing courses : There are only 8 Colleges offering Masters' degree in Nursing of 2 years' duration. About 40 nurses obtain this degree every year.

M. Phil. courses : M. Phil has been started in the University of Delhi at RAK College of Nursing New Delhi. The course is of one-year duration for regular candidates and of 2 years for the part-time candidates.

The development of training facilities since 1946 in terms of Recognised Number of Training Schools/Colleges and the Annual Turnout till 1986, are given in *Appendix-XIII*.

4.5.2 Conditions of Schools of Nursing in Relation to Teaching Staff, Physical Facilities, Clinical Facilities, Budget, Library etc.

The Committee observed with concern the slow expansion of training centres for General Nursing and Midwifery, i.e., from 207 in 1949 to 367 in 1986, which means in the last about 40 years only 160 Schools of Nursing have been added showing an average of 4 Schools per year. Similarly for professional/degree/Post graduate degree programmes, there has been a very slow progress; B.Sc. Colleges have increased from 2 to 19. Only

training centres for Auxiliary Nurse Midwives have increased 30 times i.e. from 14 to 480 in 1989. This increase in the training centres is due to the fact that the complete expenses for the training of Auxiliary Nurse Midwives including building equipment, supplies, budget upto the posting of ANMs is met from the Central Government funds as a centrally sponsored scheme.

Similarly the number of Nurse Midwives has increased only six times in 40 years whereas the number of Auxiliary Nurse Midwives has increased 200 times.

Some of the major observations of the Committee in respect of Nursing education are :

Admission requirements for various courses :

For General Nursing & Midwifery	12th Pass
For Auxiliary Nurses Midwives	10th Pass

Implementations of revised syllabus : The revised General Nursing Course has been implemented in Delhi, Punjab, Maharashtra, and West Bengal. Other States have not yet implemented the revised GNM syllabus. The duration of the course has been reduced to 3 years and the admission requirements have been raised to 12th passed. This has been done to provide opportunities for diploma nurses to go in for higher education to meet the international standards.

Availability of candidates and Method of Recruitment : The Committee found that in most of the States there is a sufficient number of candidates. The Committee was told that for one seat there are nearly 10-15 applications. Only the State of Meghalaya reported that candidates who have studied Science subjects go in for Medical and other courses. It was observed that although enough candidates are available for joining the Nursing course still it is not the first preference of the majority of candidates. The provision of stipend attracts many needy candidates who may not be actually interested in the Nursing profession.

Recruitment to various courses is made by the office of the Directorate, Health and Medical Services. In many States nurses at the Directorate level/Tutors of the Schools are not even involved in the selection of candidates (U.P., Bihar, Tamil Nadu, etc.).

Medium of Instruction : ANMs are mostly taught in the regional language whereas a mix of Hindi, English and regional language is used for teaching the GNM students in many States. In

Delhi GNM students are mostly taught in English as they come from various parts of the country. Clarifications etc., are given in Hindi or the regional language if a teacher is available.

Administrative control of Schools of Nursing : From the visits to various States and perusal of State profiles and inspection reports of the Indian Nursing Council it was noticed that almost all hospital Schools of Nursing are under the administrative control of Medical and Nursing Superintendent. Schools being under the control of Nursing services have no autonomy for conducting Nursing training as per requirements of Indian nursing Council.

Some of the salient findings of the Committee in respect of the Schools of Nursing are :

Budget : Hundred per cent of the Schools have no separate budget. As reported by Tutors, it must be there in the Hospital's budget. Tutors are only aware of their salaries and students' stipends. Neither the nursing Superintendent nor the Tutor have any say in the matter. Some amount of contingency for School functions is given as and when asked for.

Teaching Block : In most States, it was observed that teaching block of the School of Nursing is in a portion of the Nurses' Hostel. A separate teaching block was hardly observed except in some of the ANM Schools (built by the Central Government). The condition of classrooms was found to be satisfactory to some extent in Assam, Meghalaya, Karnataka and West Bengal and Maharashtra. The conditions were deplorable in Bihar, U.P., and in the School of Nursing of Safdarjang Hospital, New Delhi. In Bihar the School attached to the Patna Medical College had no lights and no proper black board. The School building is a mix of family accommodation for married nurses, unmarried nurses and School of Nursing.

Teaching Staff : The Committee was happy to observe that except in U.P. there were no unqualified teachers in the Schools of Nursing. Although the number of teachers is less as per Indian Nursing Council revised norms, yet all Schools had qualified staff with B.Sc. Nursing or Post-Basic B.Sc. Nursing or Diploma in Nursing Education/Public Health Nursing Diploma.

Clinical Facilities : The clinical facilities in terms of hospitals were available for all Schools of Nursing (ANM/GNM) but clinical field experience for community nursing was inadequate for General Nursing and Midwifery schools. The clinical fields are available but because of the

needs of students for Hospital services, lack of transport and living accommodation in Primary Health Centres/Sub-centres, the minimum experience is arranged by the Administration. For Auxiliary Nurse Midwives rural experience varied from 1 month to 6 months.

Library and Teaching Aids : During discussions with various Tutors, it was learnt/observed that there was no library in most of the Schools of Nursing, including the Schools attached to Medical College Hospitals. In Maharashtra, the budget of Rs. 500 for the district level School of Nursing and Rs. 1000 for a School of Nursing attached to Medical College was provided which can hardly buy one or two books in a year. Majority of the Schools have two or three bookshelves which contain outdated books published in the 1960's. Since Nursing education is service oriented no efforts were made by the authorities to make provision for this purpose. Teachers used their personal books for teaching purposes. Some teachers also stated that students are asked to buy books which are now quite expensive. Teaching aids like models, charts etc. are not existing in most of the General Nursing and Midwifery Schools. In Bihar at the Patna Medical College Hospital School of Nursing, books and models were in quite bad shape. The teaching aids mostly used by the teachers were in a pitiable condition. One cannot imagine how teachers must be preparing themselves for taking the classes without any books available in the library. At many places, libraries had no sitting facilities for students. One would even go to the extent of saying that neither those cupboards were opened nor the students have learned to use the library. However, some books donated by the UNICEF were found in ANM Schools. Some of the ANM Schools, sponsored by the Central government with UNICEF funds, were found to be well equipped having TVs and VCR's along with charts, models, etc. However, books in regional languages are not available and the teachers have to translate either from Hindi or English books for taking classes of students.

Conditions of Training : The training of nurses and auxiliary Nurse Midwives still corresponds with an apprenticeship. The student is almost regarded as an employee. In West Bengal, they are on a regular pay roll. Many times, they miss classes as their presence is required in the wards. The Committee observed even PTS students in the Intensive Medical Care Unit (Madras Medical College and Hospital). Such practices are very common almost everywhere. Even at night students are left alone in the wards. More than 75% of the Nursing care is still done

by nearly 25000-30000 students under training in General Nursing and Midwifery courses and over 12000 ANM students.

Classroom and Clinical Experience : The Indian Nursing Council has prescribed 8 hours per day for classroom learning and clinical experience. The students according to the new syllabus are expected to work/learn on the ward for 4 hours every day with no night duty in the first year. But in actual practice the Committee was told this has not been and cannot be implemented due to utilisation of students for service needs. Students are still attending classes after 12 hours of night duty or missing classes. Working hours for students also vary from 48-64 hours.

Living Conditions (Hostel accommodation) : There is general shortage of accommodation. It was a common sight to see 8-10 students sharing a room. Living conditions have shown no improvements over the last 40 years in the General Nursing and Midwifery Schools. Furnishing in the hostel was shabby with hardly any study table, dressing table, etc. Rows of beds with no space in between, utensils lying all around were the common features in the rooms. Cooking in the rooms to supplement diet was also common. Dining halls had deserted and unused look in most places. Even if there were dining tables, there were no chairs. Toilets were leaking, broken and smelling in many places. One cannot imagine how these candidates can teach health habits or hygienic living or balanced diet when they have never practised these themselves.

The general opinion, as elicited from questionnaires, interviews and discussions was that the students should be residents. The States of West Bengal/Karnataka opined that students can live out provided they are able to cope up with the duties and studies.

The living conditions for ANM training centres wherever these were newly built, were better but the hostels/toilets were not maintained well.

Students' Health : Most training schools provided initial physical medical examination. Periodic examination system is not satisfactory. Only students falling sick are provided medical care. Separate beds for student nurses in the hospital were found in Meghalaya, Delhi (Safdarjang Hospital) and in private Hospitals (Kurji Holy Family). In other places, students are treated either in the hostels or in the general wards of the hospital.

Diet : The Committee found the diet given to the students most unsatisfactory but one has to accept that it is not possible to provide adequate diet in Rs 4 or 5 per day (4 meals). Students are mainly given 2 meals (lunch and dinner). Breakfast given was hardly sufficient. Hence one observed that the students cooked food in their rooms which adds to unhygienic living.

Bond of Service : Students sign bonds in all the States for 2-3 years of service but the States like Bihar, U.P., Tamil Nadu and Maharashtra have not given jobs for last 2 years and have neither released students from the bond.

Stipends and Allowances : The amount of the stipend varies from Rs. 115 per month in some States to Rs 500 in Central Government institutions. State like West Bengal gives a full range of pay scales and allowances and other allowance which is not the case in other States. The ANM students get stipend of Rs. 125 per month from the Central Government. Some States supplement this stipend by doubling or so. However, all the States were of the view that the amount of stipend is too small. Some States expressed the opinion that the stipend be stopped. Students should pay for their learning which will improve the status of the Nursing profession. This practice, the members of the Committee were told, exists in some private Mission schools. Paying capitation fee for admission to General Nursing courses was also reported by nurses in Karnataka and other States.

The Committee feels that no significant improvement has been made in training of nurses in the Schools of Nursing. Schools are not treated as Training Centres but centres from where semi-skilled/unskilled Nursing services are extracted. It is amazing that many schools have no library books and no audiovisual aids.

As regards transport (bus) there was a general complaint from the Nursing Tutors that it was under the control of the Medical Superintendent or Medical Officers. At times, they even deny its use by students' Clinical/Community Nursing experience.

4.5.3 *Conditions of Colleges of Nursing in Relation to Teaching Staff, Facilities, Clinical Facilities, Hostel, Budget, etc.*

The Colleges of Nursing are affiliated to various universities. They are under the administrative control of D.G.H.S./D.H.S. or private bodies (Mission organisations, etc.). The Colleges enjoy academic freedom. Working conditions, physical facilities, clinical facilities (rural/urban) are much better as compared to Schools of Nursing except-

ing the College of Nursing, Madras Medical College, which is under the Dean of the Medical College. This College runs both basic and post-basic degree programmes in Nursing. The College has excellent clinical facilities but very poor class rooms, library and teaching facilities.

Other colleges visited in Karnataka, Assam, West Bengal, U.P. and Delhi have fairly good physical facilities. Each of these college has its own budget. The Principal is the Drawing/Disbursing officer. Colleges have planned instruction and clinical experience for the students.

The staffing pattern of almost all the colleges does not meet the requirements of the Indian Nursing Council. The teaching staff of the colleges are also not given pay scales as per other University colleges, as many are treated as departments of the Health Department. Only one college in the country, affiliated with S.N.D.T. University, Bombay, enjoys the U.G.C. pay scale.

The work load of teachers is very high as compared to the University norms due to shortage of teachers. Excepting Vellore's College of Nursing, where the college staff has a dual control, i.e., responsibility of service in the hospital, all other colleges staff have no responsibility for Nursing services in the hospital or community. The RAK College of Nursing, New Delhi is the only college which has adopted a Sub-centre for students' field experience and a full unit including the residential complex is built at the Sub-centre for providing comprehensive community nursing experience.

The Committee during visits to the States was informed regarding the mushroom growth of ANM/GNM schools. Over 70 schools for ANMs were opened in Andhra Pradesh, 6 colleges of Nursing have been opened in Tamil Nadu, several schools and one College in Bihar. The opening of such institutions were also reported by Karnataka state. Many of these colleges are also charging capitation fee. Many are also charging high fee from students.

4.6 *Need for Reorganisation of Nursing Education to Keep it Linked With the Existing Educational Pattern and to Keep Pace with the Changing Pattern of Health Care Delivery System and the Role of Nursing Personnel.*

As stated earlier, the Committee did not find any improvement in the preparation/training of Nursing personnel. The Basic Nursing programmes continue to be operated in hospitals and for hospitals and they are primarily procedure-oriented with little or no orientation to the community. The system of staffing hospital services

with student labour still prevails. This is compounded by the fact that each student labour is without adequate teachers and supervisory facilities.

Since Nursing education is hospital-based the needs of the community may, therefore, be overlooked. Student nurses may never have the opportunity to learn, at first hand, of the complex and multifaceted conditions that determine the community's needs. The Nurse Educators are willing to provide learning experience in the community setting. The administrators who have the control of Nursing (and they are usually Physicians) are constraints in an ideal process of learning experience.

The basic education of nurses must be effectively related to the needs of the population/community; take place in an inter-disciplinary setting; encourage the concept of selfcare; emphasize the promotive and preventive health services along with curative and rehabilitative ones; provide for the utilisation of all available resources; stress multidisciplinary team work and include the skills needed for investigation and application of research studies.

Since Nursing functions are carried out at different levels of knowledge, skill and, most importantly decision making, the system of Nursing Education; must, therefore, make provision for the preparation of personnel who can perform at these different levels. This stratification of basic and advanced training level is a must to be kept in view.

Keeping various factors in view, i.e., commitment to Health for All by 2000 A.D., role of Nursing personnel, present status of the Nursing profession, the Committee firmly believes that : A reorientation of Nursing education is a must to meet these challenges. Nurses cannot just be giving injections and tablets. Much more needs to be done by them. Their role and functions have to expand and their preparation/training cannot be isolated in the hospital setting. The Committee also noted from reports that Nursing professionals over the last 15-20 years have been demanding only two levels of Nursing personnel fitted into the stream of education for academic recognition, i.e., the degree programme and the vocational/technical programme for Nursing. The Nurse with a Degree has to have 12 years of schooling plus 4 years degree level programme. The nurse with a vocational/technical programme has to have 10 years of schooling plus 2 years of vocational training. The Committee recommends as under :

(a) (i) Professional nurse with 4 years' programme after 12 years of schooling with Science subjects leading to degree in Nursing.

(ii) Technical or vocational Nursing with 2 years' programme after 10 years of school with Science and related subjects (vocational stream) leading to certificates of the secondary level.

These vocational nurses be given opportunities to become professional nurses with a degree.

(b) Post-Certificate B.Sc. degree to be continued to give opportunities to the existing Diploma Nurse to obtain higher education.

(c) Master's programmes in Nursing to be increased and strengthened.

(d) Doctoral programme in Nursing to be started in selected universities.

4.7 Suggested Plan of Action of Change

(a) The existing Diploma/certificate programmes given at the Schools of Nursing attached with Medical colleges be upgraded to the degree level in Nursing. The number of admissions be increased to a minimum of 100 per year. Hence 126 Colleges of Nursing can qualify mainly over 10,000 nurses every year after keeping a margin of attrition. This will be less expensive also. Students can pay for their education as is done in many colleges, provision of merit-cum-means scholarships can be made. Additional input can be made on a year-to-year basis with regard to teachers, library facilities, equipment and supplies.

The existing teachers, many of whom have a B.Sc. degree, will continue to work as Clinical Instructors/Demonstrators, etc. All schools which do not have adequate facilities to undertake the degree programme, especially the district level Schools of Nursing and some private/Mission schools can undertake training of Vocational Nurses. There are over 440 districts. Barring a few small districts, all districts have Higher Secondary Schools. Vocational courses for nurses can be worked out in collaboration with these Schools/Boards. A minimum of 50 students intake per year will imply preparing about 400 x 50 or 15000 — 20000 Vocational Nurses. This category can be appointed as Assistant Nurses in the district-level and non-teaching hospitals and certain general wards of teaching hospitals under the supervision of Professional Nurses.

Two levels of Nursing personnel are an internationally accepted pattern for staffing hospitals and health care centres.

(b) Existing Nursing Colleges should be expanded and strengthened. Intake should be increased to a minimum of 50 to 75, or 100 students depending on the hospital and other facilities.

(c) Medical College hospitals which do not have Schools of Nursing can start degree courses with an intake of 50-60 students per year.

(d) Facilities for speciality training for courses for nurses in School Health, Industrial Health (Occupational Health), for Community Nursing and clinical speciality for Hospital, Psychiatry and Mental Health Nursing, Coronary Care Nursing, etc., need to be developed urgently to enable nurses to provide standard Nursing care.

(e) Existing Regional Training Centres (under the Rural Health Division) and other centres like Lady Reading Health School, Delhi, and All India Institute of Hygiene and Public Health, Calcutta may run as centres for continuing education of Nursing personnel.

(f) Selected nurses be sent for Higher training in Education, Management and Clinical Nurse courses in a need-based and planned manner, (needs of different States to be considered).

Nurses qualifying with degree programmes will work as Nurses in hospitals and special clinical speciality areas. They will also be able to provide professional service as community nurses at Primary Health Centre, Community Health Centres, and at the district level. With 2-3 years' experience they can work as Tutors at Vocational Training Centres for nurses. Steps will need to be taken to upgrade the schools attached to Medical colleges—50 in the Eighth Plan, 50 in the ninth Plan and the rest by the year 2001. This will also improve the status of the Nursing profession.

Vocational Nurses will work as ANMs in Subcentres and as Asst. Nurses in hospitals under the supervision of Professional Nurses. A ratio of one Professional Nurse to 3 Vocational Nurses will be adequate for staffing the Hospitals and Community Nursing Services. Till such time the existing 3-levels of preparation of Nurses will continue, i.e., Diploma Nurses, Degree Nurse and Auxiliary Nurse Midwife.

4.8 *Need for Organisation of the Nursing Services* at the National, State, District and Lower Levels with particular Reference to the Need for Planning and Implementation of Comprehensive Nursing Care Services within the Overall Health Care System of the Country at the Respective Levels.

Having committed to achieve Health for All by 2000 AD, there is a need to identify priorities and alternatives to strengthen the nursing component of the Health Services. A Nurse's work has to be regarded as an essential and integral component of the national health programme. Nurses

are to be given opportunity to participate as members of an interdisciplinary team in planning, programming, implementing and evaluating health and Nursing services. In order to ensure better coordination and greater functional efficiency, it is necessary that all Nursing personnel should be technically as well as administratively under the control of Nursing personnel themselves. Nurses have to assume leadership in all areas of functioning concerning Nursing Administration, Nursing Educational and Nursing Services within the range of the Health Service programme of the country. Nursing as a full-fledged profession should be able to enjoy absolute autonomy to remedy the ills in the prevailing situations in the country.

The Committee met the senior Nurses at the Central, state and district levels. The existing situation is as below :

National Level (Central Government) : There is a post of Nursing Adviser in the Directorate General of Health Services. She is assisted by a Nursing Officer and support staff for all her work. The Nursing Adviser is directly responsible to the Deputy Director General (Medical). Hence her placement is in the Medical Division of the Directorate General of Health Services. This division looks after Medical Services, Medical Education and Nursing. The Nursing Adviser is directly responsible for administering RAK College of Nursing and Lady Reading Health School and is indirectly called upon to offer advice and comments for other institutions under the Central Government as well. She is not even associated for appointment of Nursing Superintendents of Central Government hospitals. The Nursing Adviser advises on all matters of Nursing Education and Nursing Services not only to the Central Government, DGHS, Ministry of Health, but to, other Ministries, Departments, e.g., Railway-Labour, Delhi Administration/Municipal Corporation, etc. In fact, all matters related to Nursing Services and Nursing Education are dealt by her.

The members were apprised that there is a post of Deputy Nursing Adviser under the Family Planning (originally in the Training Division of Family Planning). The present incumbent is working in the Rural Health Division. The Deputy Nursing Adviser deals with training of ANMs, Dais, Lady Health Visitors, etc. There is no coordination between the Nursing Adviser and Deputy Nursing Adviser.

The Committee was apprised that a proposal regarding restructuring the Nursing component is under consideration.

State Level: The Committee met nurses working in various State Directorates. In Tamil Nadu,

the post is designated as Asstt. Director, Nursing. She is responsible to Director, Medical Services and Director, Medical Education. The Committee learnt that there are 10 Directors in the State (Medical personnel) and only one nurse. The existing Nurse works on alternate days in the two Offices, viz, those of Director, Medical Education and Director, Medical Services. The Nurse has no participation in the decision making or planning of the Nursing component in the State. She is only to assist the medical personnel in executing the Nursing functions.

In Karnataka, the post is designated as Senior Assistant Director, Nursing, a designation which does not exist for any other category. The Senior Assistant Director, Nursing is responsible for all matters of Nursing but the incumbent stated that he had no powers, either financial or executive.

The members of the committee were apprised that a separate Directorate of Nursing has been created. This Directorate will be headed by the Director-level Nurse with posts of Joint Director and Deputy Director dealing with all aspects of Nursing. In other States like Bihar, U.P., Assam, and Meghalaya, Nurses at the Director's level are responsible for Hospitals Nursing Services and Nursing Education. The Community Nursing component is looked after by the Medical personnel (Director/Joint Director, etc.). West Bengal today has the best set up. The Chief of Nursing is designated as Deputy Director, Nursing. She is assisted by two Assistant Directors and 13 Deputy Assistant Directors, Nursing for all components of Nursing in the State. The Nursing Division is responsible for hospital as well as Community Nursing Service, Nursing Education both for ANM and GNM, Nursing Manpower Planning, In-service and Continuing Education and all administrative work related for the Nursing Profession.

In Maharashtra, two nurses work in the office of Director, Medical Education and Director, Health Services. The Nurse in the Office of Director, Medical Education is responsible for all matters of Nursing Service and Nursing Education (only Schools attached to Medical College). The cadre control is with this office. The Nurse in the Office of Director, Health Services is responsible for Community Nursing Education. ANM/Health Supervisor, Community Nursing Services and Schools of Nursing (GNM) attached to the district hospitals. There is no coordination between the two divisions.

The Committee was informed that in Tamil Nadu two posts of Deputy Director Nursing have been created. Similarly, a post of Joint Director, Nursing has been created in Assam.

West Bengal and U.P. But these have not been filled so far. Similarly, posts of Nurses exist in almost all the States but most of them are not involved in the Community Nursing Services of Education (ANM training, posting, etc.).

The senior nurses during the discussion stated that they were not involved in any policy planning, decision making issues related to Nursing, nor have they any budget for Nursing under them. Their major job is supervision, transfers, postings, etc.

Many State-level nurses could not show any proposals/plans made for the strengthening and development of the Nursing profession. The only developmental plans seen were regarding construction of nurses' hostels, etc.

District Level : There is a post of District Public Health Nurse at the district level. This post is funded through the family welfare budget of the Central Government. In Karnataka State, there are two posts of District Public Health Nurses at the district level (one through the State Government). The incumbents are either qualified Public Health Nurses or senior Lady Health Visitors. During discussions with these nurses the Committee felt that today the role and functions of District Public Health Nurses are not clear, although there are job descriptions. Her status in the District organisation set up is very low. She has to travel throughout the district and supervise the work of all Female Health Supervisors and ANMs. She is expected to travel 20 days in a month with halts at different places for which no accommodation is provided. She has to travel by bus or any available transport. At times travel takes 10-12 hours. Her workload includes supervision of 50-60 Primary Health Centres and over 400 Nursing personnel in the district. Many expressed difficulties regarding safe travel, lack of accommodation and transport and non-payment of travel allowance in time.

Coordination between the nurses at the district and state levels exists only in Maharashtra and West Bengal. Mention of this is also made in the questionnaire of Haryana. Since the Community Nursing component is under the administrative and technical control of the Medical profession there is no coordination of state/district level Nursing personnel.

The Committee further feels that having several medical Directors in the State Directorates has made coordination of the Nursing component very difficult for one Nurse at the State level. Though the Committee is not in a position to

make any observations on this issue, it feels that since it is related to development of Nursing, it is essential that some definite health organisational set up be evolved where Nursing can be represented at an appropriate level. All Associations have demanded a separate Directorate of Nursing.

The Committee, after careful examination of the whole organisational set up at the Central, State and district levels feels that the Nursing position in each of these settings is very low, salary-wise as well as designation-wise. They all have work responsibility but no authority. There is no uniformity for Nursing positions. Major factors acting as constraints or as facilitators of change including attitudes and value resources, education, legislation and political involvement.

The Committee feels that if the full potential of the Nursing's contribution to health care delivery (Primary Health Care) system has to be actualised it is essential that the Government should accept the placement of nurse leaders at all levels in the administration where they can actively participate in policy formulation and decision making process. The changes needed in Nursing and in the reorganisation of the health system that will enable Nursing personnel to function effectively in health care delivery system, including Primary Health Care. This will require that the Nurse should have a voice in developing the national health plan. Only when this happens will legal, political and organisational constraints on effective and efficient Nursing practice be removed.

Similarly the participation of nurses is essential in the local government's decision making and in the direction of Community Health Services—in health centres, clinics, hospitals and other settings of Nursing practice. The placement of nurses in policy making, administrative and managerial posts will eliminate the inadequate knowledge of the Nursing potential in the health care delivery system.

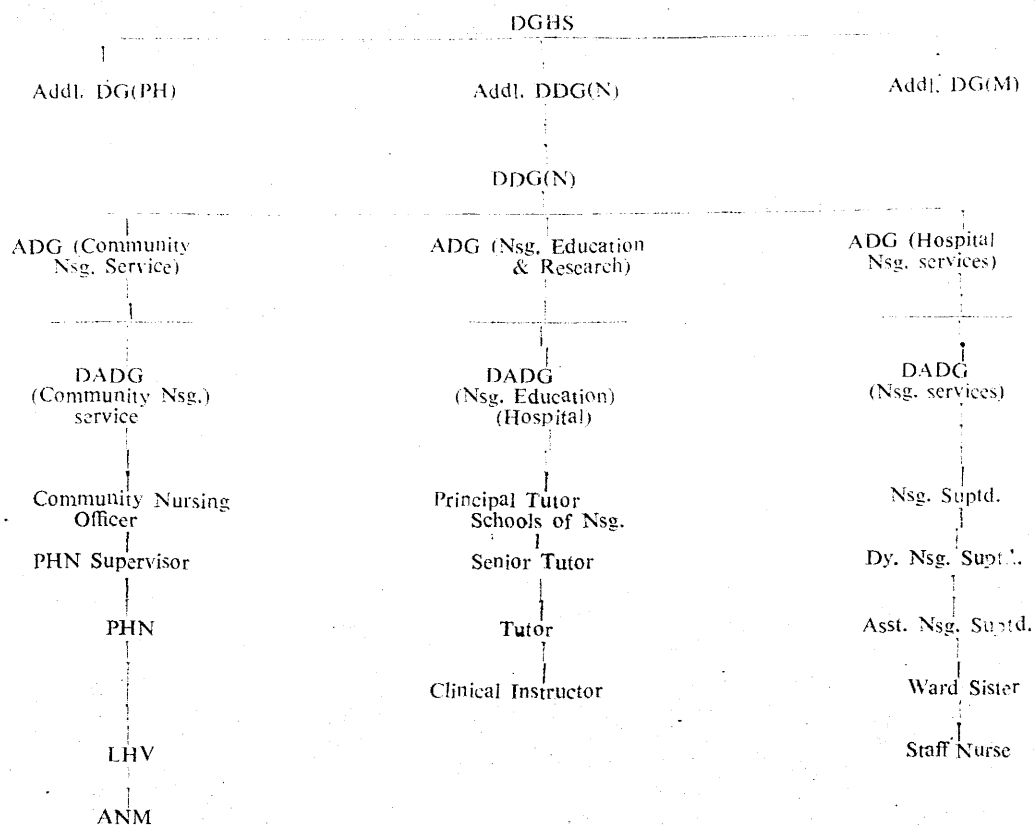
The Committee recommends that the central, state and district level organisational structure of Nursing be strengthened with an adequate number of well qualified Nursing personnel. The salaries paid to Nursing personnel be equal to similarly designated posts for other health professionals.

4.9 Recommended Organisational Set-up

On the basis of discussions held by the High Power Committee Organisational set-up have been recommended for the Nationals, State and District levels. These are given below :

The Recommended Organisational Set up will need full administrative and financial support. It will look after the overall Nursing component, development of Nursing standards, norms, policies, ethics, Nursing policies for education, service, recruitment rules, etc. Speciality Nursing Services for the hospitals and the community, manpower development and the related developmental plans will all be taken care of by nurses for nurses themselves. This will bring about professional autonomy and accountability. This will also bring about a Central Nursing Cadre at the Central level.

RECOMMENDED ORGANISATIONAL SET-UP AT THE
DIRECTORATE GENERAL OF HEALTH SERVICES AND
THE INSTITUTIONS UNDER THE CENTRAL GOVERNMENT



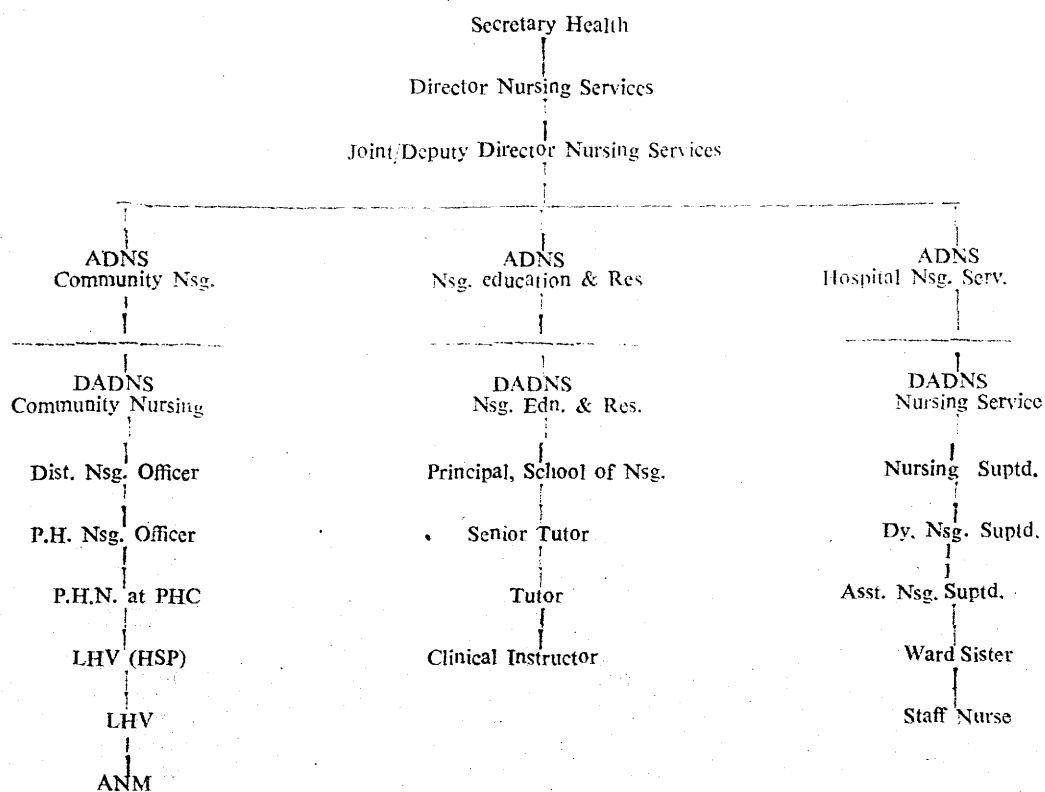
Note :

(a) The positions up to the DADG level are proposed to be at the office of the Directorate General of Health Services. positions below the level of DADG are to exist at the Institutions governed by the Central Government.

(b) The Principal, College of Nursing will be equal to the rank of ADG (N) and will be eligible for promotion to the post of DDG(N)/Addl. DG(N). The salary scales and structure of the staff of Colleges of Nursing will be as per terms of the Indian Nursing Council and the UGC.

Similarly, the Committee recommends the following organisational set up at the State and District levels.

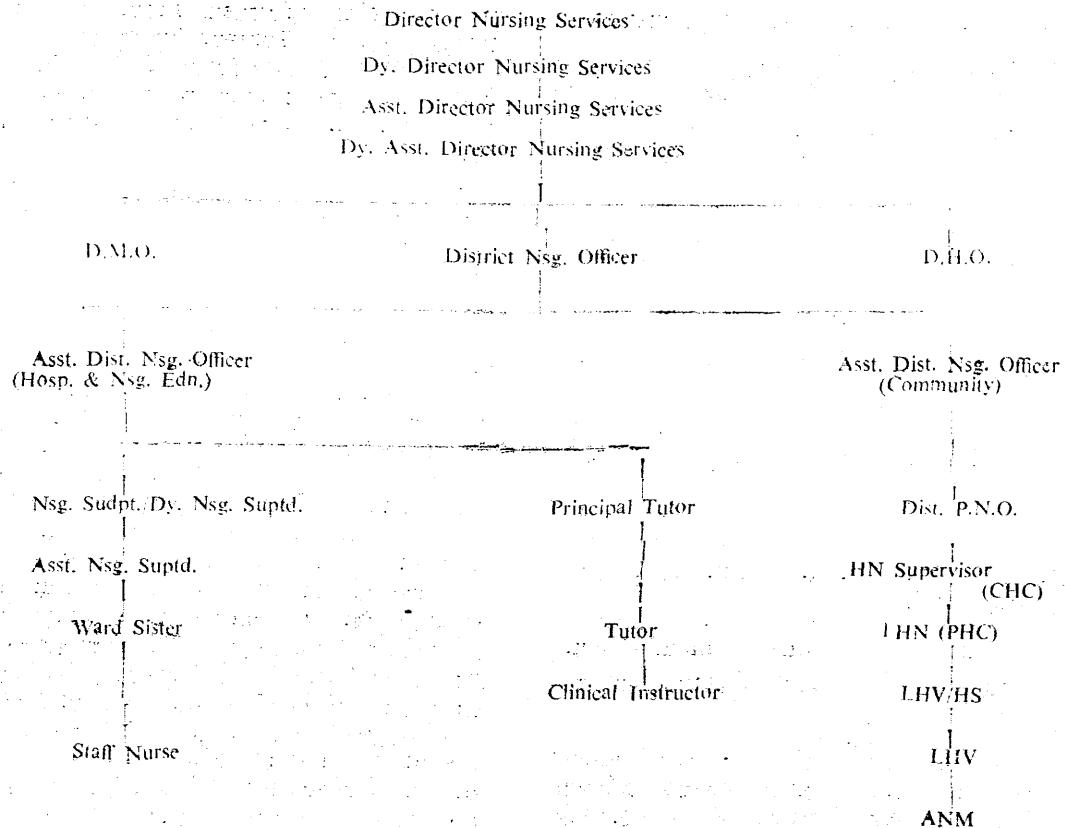
RECOMMENDED ORGANISATIONAL SET-UP AT
STATE/UNION TERRITORY LEVEL



Note : The Principal, College of Nursing will be equal to the rank of ADNS and will be eligible for promotion to the post of DDNS/DNS. The salary scales and structure of the staff of Colleges of Nursing will be as per norms of the Indian Nursing Council and the U.G.C.

The organisational set up recommended at the Central, state and district levels will provide full participation and coordination of Nursing personnel in the Health care delivery system.

COMMENDED ORGANISATIONAL SET-UP AT THE DISTRICT LEVEL



4.10 Other aspects relevant to the Terms of Reference

The other issues which the Committee looked into were:

4.10.1 Nursing Legislation

The Committee reviewed the Indian Nursing Council Act (1947), amended in 1957, and several State Nursing Council Acts. During visits to States, the Committee had meetings/discussions with the Secretary, Indian Nursing Council and Registrars of various Nursing Councils.

The Committee observed that the Indian Nursing Council provides for regulation of uniform standards of nursing education. It prescribes syllabi for various courses and regulates standards through inspections. The Council has no fulltime Inspectors. The work is carried out by ad-hoc/voluntary Inspectors. This practice has been found to be very unsatisfactory. The Council also maintains statistics which are not up-to-date.

due to dependence on State Council registers. The Indian Nursing Council Act, the Committee was told, was in the process of amendment so as to make provision for renewal of registration, approval and recognition by Indian Nursing Council for opening a School or College of Nursing and for making provision of more nurse members, members from education and other disciplines.

There are 18 Councils and examining boards in the country including the examining boards of Army Nursing Service. Only six or seven States have Nurses as Registrars of the Councils. The Committee visited Tamil Nadu Nurses' and Midwives' Registration Council, Maharashtra Nursing Council, West Bengal Nursing Council, Karnataka Nursing Council, Assam Nursing Council and Bihar Nursing Council. The Assam and Karnataka Nursing Councils did not have even a separate office. In U.P., the Nursing is under the U.P. Medical faculty. In most of the Councils, elections have not been held for years. The Acts are under amendment in many States. The North East region States desired to have separate Councils of their own.

The Committee, after an indepth study of all the Central and State Council Acts recommends :

1. The Central Council (Indian Nursing Council Act) must have more control over the State Nursing Councils. The required provision be made in the proposed amendments. The Act must provide for :

- (a) Approval of Indian Nursing Council before opening a School or College.
- (b) Renewal of Registration every 5 years.
- (c) Regular timely inspection and follow-up inspection.
- (d) Introduction of a clause for regulating Nursing practice only by qualified Nursing personnel.
- (e) Punishment/withdrawal of degree/certificate if a nurse is found misusing his/her degree/certificate.
- (f) Introduction of a clause to include regulations for practice of Nursing in its objectives.
- (g) In the long-term plan, say in 10 years' time, the Council must establish a system of national examination for all Nursing personnel for registration to ensure standards of education and practice.

Similarly, immediate action be taken for amendments of State Acts and nurses be appointed as Registrars of the Councils.

All Councils need strengthening in terms of adequate staff, budget to ensure effective functioning. Services of legal advisers be made available for all the Councils or one of the nominated members may belong to this profession.

4.10.2 Private Nursing Homes and Unqualified Nurses: Nurses all over the country expressed concern over the mushroom growth of Nursing Homes. These Nursing Homes are employing unqualified women and making them wear Nurses uniforms. This practice by Nursing Homes is illegal and also brings down the image of professional nurses. There are Acts for establishment of Nursing Homes. The Committee feels that these Acts be fully reinforced. These Acts be amended to include approval and recognition by Indian Nursing Council and State Nursing Council for standards of nursing practice for ensuring quality and quantity of nursing service required.

4.10.3 Private Nursing Bureaus : The Committee was also informed about the running of private Nursing Bureaus by private individuals for providing private duty nurses in the hospitals. Instances were quoted when nurses hired by these bureaus were "not registered qualified nurses". The Committee recommends that such Bureaus be licensed and properly regulated, so that Nursing personnel engaged are qualified and safe nursing services are provided to the community.

4.10.4 Migration of Nurses : Health administrators, even some Health Ministers informed that unauthorised absence of nurses is a big problem in some of the States. Although no definite facts were available for unauthorised absence, it was felt that these nurses were out of the country. Migration through agents from foreign countries coming and recruiting Nurses without approval of Health Departments should be checked. This will not only avoid unauthorised absence but will enable the country to know the extent of migration. The Committee strongly recommends that the Government should look into this matter. The nurses should be allowed to go abroad only through the Government, after carefully reviewing the working conditions, emoluments and terms of service. This will enable the government to keep a check on migration and make provision for nurses with safety and security of work abroad.

4.10.5. Military Nursing Service : Military Nursing Services/education is well organised under the Director General of the Armed Forces. The Chief of Nursing is of the rank of Major General and Addl. Director General in the Army Medical Service. There is one College and 8 Schools of Nursing. On completion of training nurses are given regular commission as Lieutenant for Diploma nurses and B Sc students are given one year ante date for their promotion as captains. Nursing service/working conditions are regulated by the rules and regulations of the Army Medical Service excepting the pay scales that are not equal to those of other personnel of similar ranks.

4.10.6 Nursing Services in the Railways, Municipal Corporations and other Ministeries.

There are about 5000 nurses working in the Railways with no Nursing professional responsible for looking after their professional requirements. The pay scales of these Nursing personnel are as per Central Government. Their service conditions are governed by the Rules and Regulations of Railway Medical Services.

Municipal Corporations

There are a large number of nurses working in Municipal Corporations in different metropolitan cities. Except in Bombay, there is no Nurse in the office of Municipal Health Departments in other cities. All matters pertaining to the Nursing personnel working in the Corporation Hospitals and Health Centres are looked after by doctors. The pay scales and allowances given to the Nursing personnel in these hospitals/health centres vary from State to State.

The Nursing personnel have expressed concern over the lack of any Nursing infrastructure to look into the development of the Nursing profession in these settings.

Other Organisations

There are a large number of nurses working in E.S.I., P. & T., Agriculture and several other Central Government undertakings. All matters relating to nurses are either referred to Health Ministry, or dealt with by the organisation by itself.

The Committee strongly recommends that in order to coordinate and develop the nursing component, each of these organisations, viz. Railways, Municipal Corporations, E.S.I., P&T, etc., should have a similar organisational setup to the Central Government.

CHAPTER 5

CONCLUSIONS AND SUMMARY OF RECOMMENDATIONS

The survey of Nursing conditions has brought to light sharply the facts already recognised that the strength of Nursing staff in all the fields of work will have to be increased appreciably before a Nursing service of even a modest standard can be provided for both the hospitals and the community setting. The nurse-bed ratio is almost the same as is recorded in the Shetty Committee Report (1954). The expansion of Nursing education programmes has not been as per requirements from time to time, with the result that even today one nurse is available for 100 patients at night in many hospitals. The practice of using student labour still continues as had been reported in the Shetty Committee Report. Even today, Nursing services provided by students is in the range of 70—80 per cent by paying a meager stipend from Rs. 4 to Rs. 16 per day. The Nursing education at the fag end of the twentieth century remains only curative and hospital-based in spite of the country's commitment to the goal of 'Health For All by 2000 A.D.' Steps mooted by the Indian Nursing Council to reorient Nursing have not been implemented mainly because of shortage of nurses in the hospitals where the training of General Nursing, Midwifery and Auxiliary Nurse Midwifery is conducted.

The Schools of Nursing provide a grim picture. Almost all the Schools have no budget for Nursing Education. Shortage of teachers, lack of library facilities and a conspicuous absence of modern methods of teaching add to the misery of education of nurses. Overcrowded and poorly furnished hostels and classrooms do not facilitate active learning by students. Delays in admissions and examinations were also found in some States. Nurses trained under such working and living conditions, having no clean work and living environment, and not having balanced food cannot become the messengers of health and health practice which they are expected to be in accordance with their professional demands and ethics.

By and large, the Nursing personnel enjoy poor status and are plagued with some chronic problems such as long working hours, inadequate work place (duty station), lack of supplies and equipment, forced performance of non-nurs-

ing duties. Compared with other professionals Nurses have low salary and poor status. A majority of them are in Class 'C' posts. All these issues are responsible for the poor status of Nursing and Nursing Services in the hospital as well as the community.

The concept of the role of Nurses as medical technicians or someone to carry out the orders has hampered the progress of quality Nursing Education and Nursing Services. There are several areas where the nurses can work independently and provide their unique contribution (e.g., rehabilitation, home nursing), which have not been explored. Independent practice by Nursing personnel in the form of opening of Maternity and Nursing Homes, Occupational Health Nursing, School Health Nursing etc., by a fully competent health professional for performing preventive, promotive and rehabilitation roles has not been recognised.

The retarded development of Nursing and Nursing profession seems to be mainly due to the fact that no serious thought has been given to this discipline by the Government over the years. Timely action on the various Reports submitted to the Government would have prepared enough nurses to take care of all areas of health care delivery, and would have also avoided multiplication of other categories like Occupational Therapist, Physiotherapist, Social Worker, Health Educator, etc. All these categories of workers are doing Nursing duties.

It was observed that Nurses are generally not involved in making policies that govern their status and practice. They are invariably excluded from the Governmental bodies that decide these policies. Most of the decisions concerning nursing care and nurses are made by other people, usually physicians, without the benefit of professional input by Nurses. It is possible that this situation is the direct result of lack of appropriate status accorded to the Nursing staff. Nearly 97% of nurses are in Group 'C' category and their status in the Directorate is quite low.

Urgent steps are to be taken to rectify the lopsided development of the Nursing profession,

and to improve quality of Nursing and Nursing services in the hospital as well as the community. It seems to be imperative to accord due status to the Nursing profession.

RECOMMENDATIONS

5.1 Working conditions of Nursing Personnel

1. Employment

- Uniformity in employment procedures to be made.
- Recruitment rules be made for all categories of Nursing posts. The qualification and experience required or these be made uniform throughout the country.
- There should be no bond for nursing students as some of the States do not give them employment during the stipulated period. However, keeping in view the shortage of nurses in the Hospital and Community Health Field states should create posts and appoint these nurses in the appropriate positions.

2. Job description

- Job description of all categories of nursing personnel be prepared by the Central Government to provide guidelines.

(Appendix-XIV : Sample Job Descriptions of Various Categories of Nursing Personnel)

3. Working hours

- The weekly working hours should be reduced to 40 hours per week. Straight shift to be implemented in all the States immediately wherever it is in existence. Extra working hours to be compensated either by leave or extra emoluments depending on the State policy. Nurses to be given weekly day off and all the gazetted holidays as per Government rules. (Compensatory day off in lieu of holidays, or extra emoluments may be paid if holiday is not granted. In no case, the weekly day off be reduced.)

4. Work load/working facilities

- Nursing norms for patient care and community care to be adopted as recommended by the Committee.
- Hospitals to develop Central Sterile Supply Departments, Central Linen Services, Central Drug Supply System. Group 'D' employees be responsible for house keeping department.

- Policies for breakage and losses to be developed and nurses not be made responsible for breakage and losses.

5. Pay and Allowances

- Uniformity of pay scales of all categories of nursing personnel is not feasible. However, special allowance for Nursing personnel, i.e., Uniform allowance, Washing, Risk, Messing allowances, etc., should be uniform throughout the country.

6. Promotional opportunities

- For promotion to the post of Ward Sister, Post-Basic B.Sc. Nursing be made an essential qualification. The principle of possessing higher qualification than the category to be supervised, should apply for all levels and categories of Nursing personnel in the rural and urban areas. The Committee recommends that along with education and experience, there is a need to increase the number of posts in the supervisory cadre, and for making provision of guidance and supervision during evening and night shifts in the hospitals.
- Each nurse must have 3 promotions during her service period.
- Promotions be based on merit-cum-seniority.
- Promotion to the seniormost administrative/teaching posts be made only by open selection.
- In cases of stagnation, Selection grade and running scales to be given.

7. Career development

- Provision of deputation for higher studies after 5 years of regular service be made by all States. The policy of giving deputation to 5—10 per cent of each category be worked out by each State. Every Nursing personnel must have an opportunity to attend at least one Refresher course every two years.

8. Accommodation

- As far as possible, the Nursing staff should be considered for priority allotment of accommodation near the work place. Hospitals should not build Nurses' hostel for trained nurses. Apartment type of accommodation be built where married/unmarried nurses can be allowed to live.

Housing colonies for Hospitals may be considered in the long run.

9. Transport

—During odd hours, calamities etc., arrangements for transport must be made for safety and security of Nursing personnel. Chartered buses on payment may provide a solution from housing colonies built for hospital staff.

10. Special incentives

—Scheme of special incentives in terms of awards, special increment for meritorious work for Nurses working in each State/District/Primary Health Centre to be worked out.

11. Occupational Hazards

—Medical facilities as provided by the Central Government be extended by the State Governments to Nursing personnel till such times medical services are provided free to all the Nursing personnel. Risk allowance to be paid to Nursing personnel working in the rural and urban areas.

12. Other welfare measures

—Hospitals should provide other welfare measures like creche facilities for children of working staff. Children Education Allowance, as granted to other employees, be paid to Nursing personnel.

Additional Facilities For Nurses working in Rural Areas

—Family accommodation at Sub-centres is a must for safety and security of ANMs/LHVs.

—Women attendant, selected from the village must accompany the ANM for visits to other villages.

—The District Public Health Nurse be provided with a vehicle for field supervision. Possibilities of pooling of transport by District-level officers may help till such time that individual officers can be provided with vehicle.

—Fixed travel allowance with provision of enhancement from time to time.

—Rural allowance as granted to other employees be paid to nursing personnel.

5.2 Nursing Education

Nursing education to be fitted into national stream of education to bring about uniformity,

recognition and standards of Nursing education. The Committee recommends that :

1. There should be two levels of nursing personnel, viz., Professional Nurse (Degree level) and Auxiliary Nurse/Vocational Nurse. This is internationally accepted pattern of Nursing education. Admission to professional nursing should be with 12 years' schooling with Science. The duration of the course should be four years (as existing today) at the University level. Admission to Vocational/Auxiliary nursing should be with 10 years' of schooling. The duration of the course should be 2 years in health-related vocational stream.

2. All Schools of Nursing attached to Medical College Hospitals be upgraded to Degree level in a phased manner.

3. All ANM Schools and Schools of Nursing attached to District Hospitals be affiliated with Senior Secondary Boards.

4. Post-certificate B.Sc. Nursing degree to be continued to give opportunities to the existing Diploma Nurses to obtain higher education.

5. Master's in Nursing programmes to be increased and strengthened.

6. Doctoral in Nursing programme to be started in selected Universities.

7. Central assistance be provided for all levels of Nursing education institutions in terms of budget (capital and recurring).

8. Upgradation of degree level institutions be made in a phased manner as suggested in the Report.

9. Each School should have separate budget till such time is phased to degree/vocational programme. The Principal of the School be the Drawing and Disbursing Officer.

10. Nursing personnel should have a complete say in matters of selection of students. Selection be based completely on merit. Aptitude tests be introduced for selection of candidates.

11. All Schools to have adequate budget for libraries and teaching equipments.

12. All Schools to have independent teaching block called as School of Nursing with adequate classroom facilities, library room, common room etc. as per requirements of the Indian Nursing Council.

13. Adequate living accommodation be provided to students. A maximum of 3 students

to share a room. Rooms to be furnished with light, study table, chair, etc. Adequate dining room, toilets and bath rooms facilities to be provided in each hostel as per norms recommended.

14. Students should learn under supervision in the wards. Tutors/Clinical Instructors must go to the Wards with the students. Students should not be used for service of the hospital.

15. Community nursing experience should be as per requirements of the Indian Nursing Council. Necessary transport and accommodation at Primary Health Centre be made available for safety, security and meaningful learning of students.

16. Indian Nursing Council requirements for staffing the Schools and Meeting the minimum requirements be followed by all the Schools as these are statutory requirements.

17. Speciality courses at post-graduate level be developed at certain special centres of excellence, e.g., AIIMS, PGI Chandigarh, All India Institute of Hygiene & Public Health, for clinical nursing specialities and community nursing. Some of the suggested specialities are : Oncology Nursing, Intensive Care Nursing, Cardiac Care Nursing, School Health Nursing, Industrial and Occupational Health Nursing, Teacher Training Institutes may give courses in teachers training (educational technology).

18. Institutes like National Institute of Health & Family Welfare, R.A.K. College of Nursing and several others may develop courses on Nursing Administration for senior nursing leading to Doctorate level. Provision like Staff College courses be made for nurses working in the Directorate.

19. Provision of higher training abroad and exchange programme be made.

5.3 Continuing Education and Staff Development

1. Definite policies of deputing 5 to 10% of staff for higher studies be made by each State. Provision for training reserve be made in each institution.

2. Deputation for higher study be made compulsory after five years.

3. Each nursing personnel must attend one or two refresher course every year.

4. Necessary budgetary provision be made by States as well as Centre for continuing education.

5. A National Institute for Nursing Education Research & Training needs to be established like NCERT for development of educational technology, preparation of text books, media/manuals, etc. for Nursing.

5.4 Nursing Services : Hospitals/Institutions (Urban areas)

1. Definite nursing policies regarding Nursing practice be available in each institution. These policies to include :

- (a) Qualification/Recruitment rules.
- (b) Job description/Job specifications.
- (c) Organisational chart of the institutions.
- (d) Nursing care standards for different categories of patients.

2. Staffing of the Hospitals should be as per norms recommended.

3. District Hospitals/Non-teaching hospitals may appoint professional teaching nurses in the ratio of 1 : 3 as soon as nurses start qualifying from these institutions.

4. Students not to be counted for staffing the hospitals.

5. Adequate supplies and equipment, drugs, etc. be made available for practice of nursing.

The Committee strongly recommends that minimum standards of basic equipment needed for each patient be studied, norms laid down and provided to enable nurses to perform some of the basic nursing functions.

The Committee further recommends that there should be a separate Budget Head for Nursing Equipment and Supplies in each Hospital/Primary Health Centre. The Nursing Superintendent and Public Health Nurse should be a member of the purchase and condemnation committee.

6. Nurses to be relieved from non-nursing duties.

7. Duty stations for nurses be provided in each Ward.

8. Necessary facilities like Central Sterile Supplies, linen, drugs be considered for all major hospitals to improve patient care.

The Committee also recommends that nurses should not be made to pay for breakage and losses. All hospitals should have some system of regulating the visitors by appointment of security guards at appropriate places.

9. Provision of part-time jobs for married nurses be considered (minimum 16.20 hours per week).

10. Re-entry by married nurses at the age of 35 or above may also be considered and such nurses be given induction courses for updating their knowledge and skills before employment.

11. Nurses in senior positions like Ward Sisters, Assistant Nursing Superintendents, Deputy Nursing Superintendents, Nursing Superintendents must have courses in Management and Administration before promotions.

12. Nurses working in speciality areas must have courses in specialities.

Promotion opportunities for clinical specialities, like administrative posts, be considered for improving quality nursing services.

5.5 Status :

The Committee recommends that Gazetted ranks be allowed for Nurses working as Ward Sister and above (minimum Class II Gazetted). Similarly, the post of Health Supervisor (Female) be allowed gazetted rank and District Public Health Nurses be given the status equal to District Medical/Health Officers.

5.6 Community Nursing Services :

1. Appointment of ANM/LHV to be recommended.

2. ANM/LHV promoted to supervisory posts must undergo courses in Administration and Management.

3. Specific Standing Orders be made available for each ANM/LHV to function effectively in the field.

4. Adequate provision of supplies, drugs, etc. be made.

5. Recording system be simplified.

6. Posts of Public Health Nurses and above be given gazetted status.

5.7 Norms Recommended for Nursing Service and Education Hospital setting

1. Nursing Supdt.—1: 200 beds (hospitals with 200 or more beds).

2. Dy. Nsg. Supdt.—1: 300 beds (wherever beds are over 200).

3. Asst. Nsg. Supdt.—1: 150 beds (wherever beds are over 150) (7:1000 beds).

4. Ward Sister/Ward Supervisor—1: 25 beds + 30% leave reserve.

5. Staff Nurses for wards—1: 3 (or 1: 9 for each shift) + 30% leave reserve.

6. For Nurses OPD & Emergency etc.—1:100 patients (1 bed : 5 outpatients) + 30% leave reserve.

7. For Intensive care units—1: 1 (or 1: 3 for each shift) + 30% leave reserve.

For specialised departments, such as Operation theatre, Labour room, etc—1: 25 + 30% leave reserve.

Community Nursing Services

— 1 ANM for 2500 a population (2 per sub-centre).

— 1 ANM for 1500 population for hilly areas.

— 1 Health Supervisor for 7500 population (for supervision of 3 ANMs).

— 1 Public Health Nurse for 1PHC (30000 population, to supervise 4 Health Supervisors).

— 1 Public Health Nursing Officer for 100000 population (Community Health Centre).

— Two District Public Health Nursing Officers for each district.

Total Nursing Manpower required

Total Nursing personnel for Urban & Rural Nursing Services.

Nurse Midwives P.H.N. Health Supervisors

743114 34875 107960

ANM/HW

323882

N.B. : This Manpower does not include teaching staff for Schools of Nursing/College of Nursing/Nursing staff for management position.

Teaching staff for Schools/Colleges of Nursing as per norms of the Indian Nursing Council.

One Nurse teacher to 10 students + teaching staff for Post-graduate programmes.

Staff in Managerial position at Directorate State Directorates, etc.

The number of such staff need to be added in the total nursing manpower.

5.8 Nursing legislation

1. Indian Nursing Council and State Nursing Council Acts be amended to provide for control by Indian Nursing Council on States Nursing Council.
2. Provision of more Nurse members.
3. Provision for regulation of Nursing education standards by timely inspections and follow-up.
4. Provision of maintaining of minimum standards of Nursing practice.
5. Provision of regulation for nursing care standards in private nursing homes.
6. Provision of regulation for private nursing bureaus and practice by unqualified nurses.
7. Provision of approval of Indian Nursing Council before opening a School or College of Nursing.
8. Provision of renewal of registration every five years.

9. Provision of independent practice of nursing by nurses.

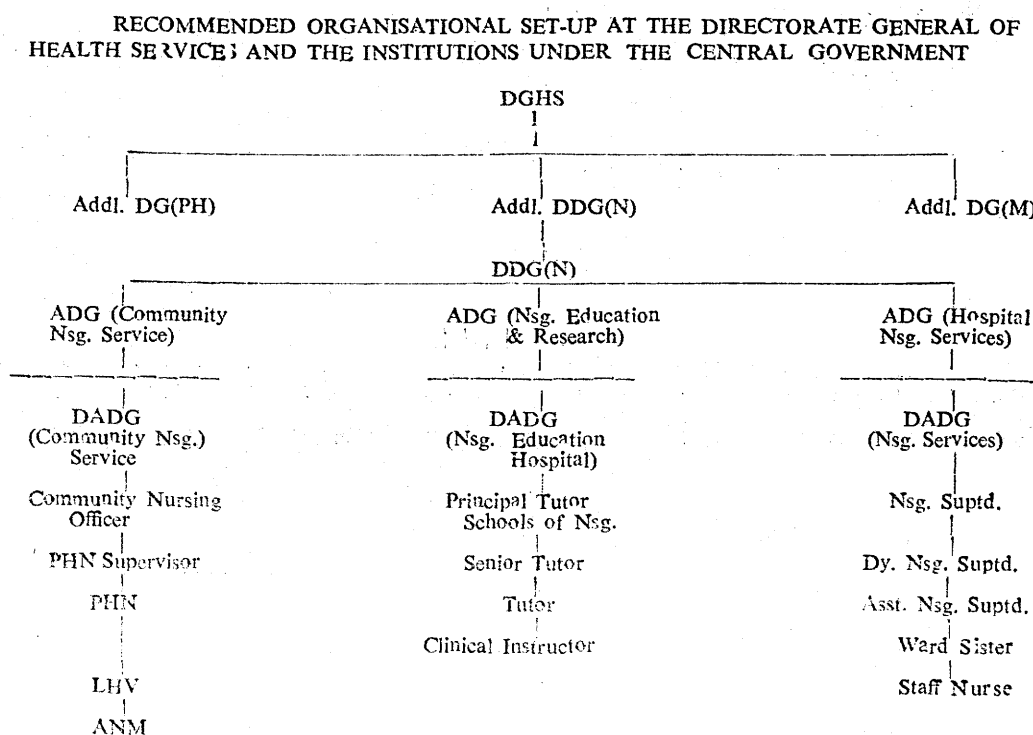
10. Indian Nursing Council to set up a national examination system in about 10 years' time to regulate standards of nursing education.

Each Council need to be strengthened in terms of staff, budget and other necessary inputs to make regulatory mechanisms effective.

5.9 Organisation of Nursing Services

The position and status of Nursing personnel working in the Directorates need upgradation and expansion to enable the nurses to participate in policy making and decision making. Total nursing component, i.e., nursing education, nursing service and community nursing should be under the control of Nursing personnel at all levels, i.e., at Centre, State and district levels. At every level, adequate provision of budget be made for development of nursing and nursing profession.

The Organisational structure recommended for Centre, State and district level is as follows :



Note : (a) The positions up to the DADG level are proposed to be at the office of the Directorate General of Health Services. The positions below the level of DADG are to exist at the Institutions governed by the Central Government.

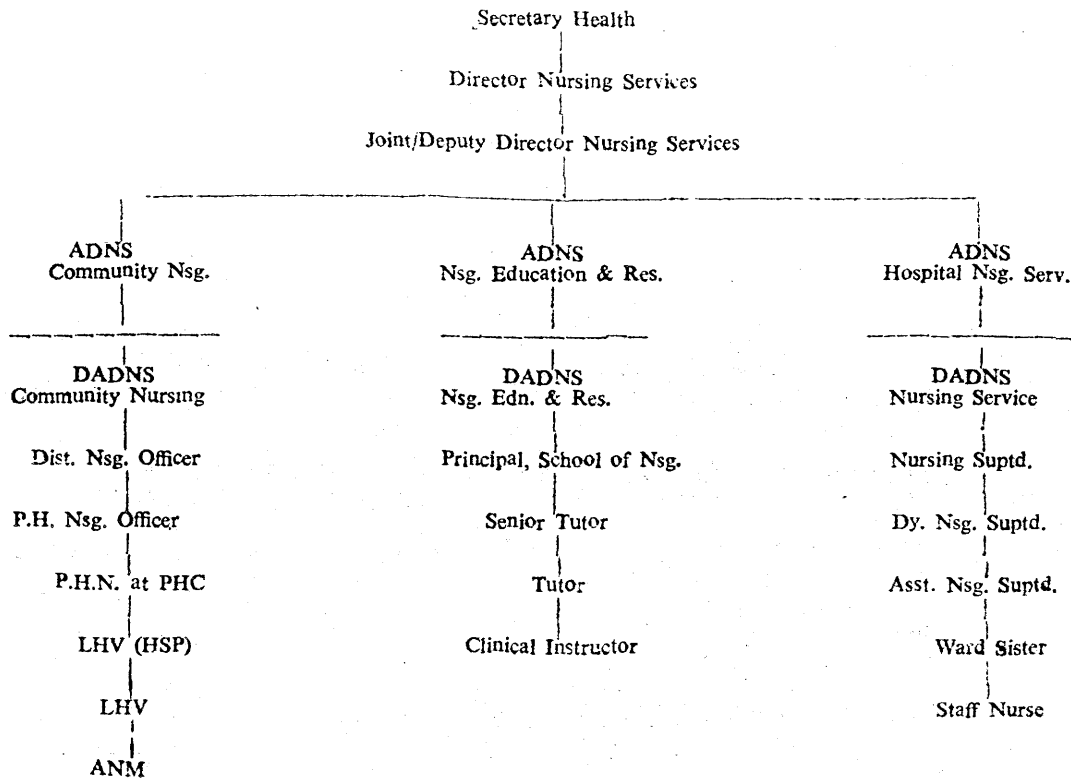
(b) The Principal, College of Nursing will be equal to the rank of ADG (N) and will be eligible for promotion to the post of DDG(N)/Addl. DG(N). The salary scales and structure of the staff of Colleges of Nursing will be as per norms of the Indian Nursing Council and the U.G.C.

- (1) Each ADG level Nurse to deal with Continuing education/Research component for specified areas.
- (2) Selection to these posts be made on merit and not by seniority alone.
- (3) Nurses appointed to these posts must

have courses in Administration, Management and Fiscal Management.

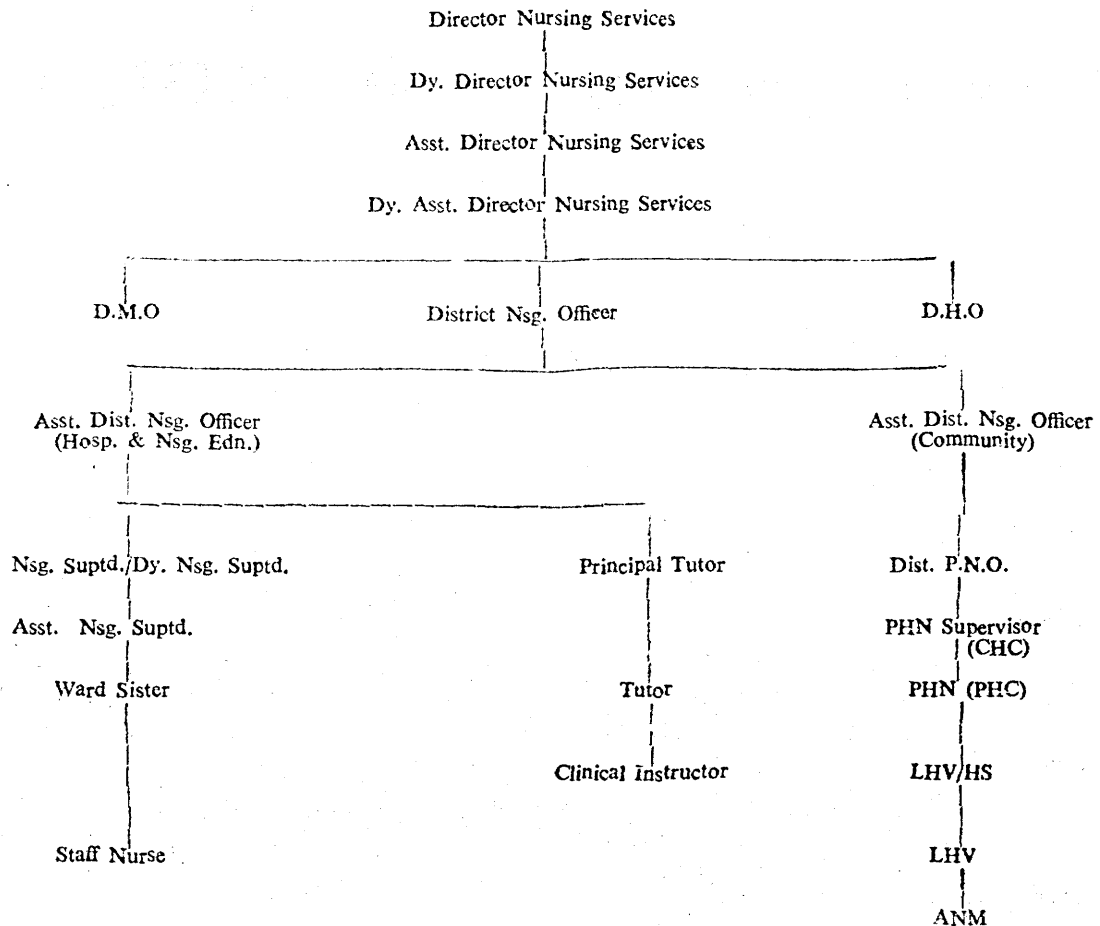
- (4) Railway Board, State Insurance (Labour Ministry), Post and Telegraph, Union Territories (Delhi), Municipal Corporations, etc., to create such posts for control, coordination and development of nursing component.

RECOMMENDED ORGANISATIONAL SET-UP AT STATE/UNION TERRITORY LEVEL



Note : The Principal, College of Nursing will be equal to the rank of ADNS and will be eligible for promotion to the post of DDNS/DNS. The salary scales and structure of the staff of Colleges of Nursing will be as per norms of the Indian Nursing Council and the U.G.C.

RECOMMENDED ORGANISATIONAL SET-UP AT DISTRICT LEVEL



Several States have plans to start a separate Directorate of Nursing as there are many Directors dealing with different aspects of Health & Medical care.

States which have no plans for a separate Directorate may upgrade the existing posts and create 3 more posts for taking up full responsibility and accountability. Positions of School nurses be created in each States. Post of Senior Public Health Nursing Supervisor, Zonal School Health Nursing Supervisor be considered where

ever School Health services are available for proper supervision and coordination.

5.10 National Nursing Policy

1. There is a need for National Nursing policy within the framework of National Health Policy and National Health planning.

2. A Nursing Advisory Committee/Board to be constituted for advising the Government on Nursing matters from time to time.

APPENDIX-I

TEXTS OF OFFICIAL VERSIONS OF CONVENTION 149 AND RECOMMENDATION 157 CONCERNING EMPLOYMENT AND CONDITIONS OF WORKS AND LIFE OF NURSING PERSONNEL, ADOPTED BY THE INTERNATIONAL LABOUR ORGANISATION: JUNE 1977.

International Standards for Employment and Conditions of Work and Life of Nursing Personnel

Convention Concerning Employment and Conditions of Work and Life of Nursing Personnel.

(Convention 149)

The General Conference of the International Labour Organisation,

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Sixty-third Session on 1 June 1977, and

Recognising the vital role played by nursing personnel together with other workers in the field of health, in the protection and improvement of the health and welfare of the population, and

Recognising that the public sector as an employer of nursing personnel should play an active role in the improvement of conditions of employment and work of nursing personnel, and

Noting that the present situation of nursing personnel in many countries, in which there is a shortage of qualified persons and existing staff are not always utilised to best effect, is an obstacle to the development of effective health services, and

Recalling that nursing personnel are covered by many international labour Conventions and Recommendations laying down general standards concerning employment and conditions of work, such as instruments on discrimination, on freedom of association and the right to bargain collectively, on voluntary conciliation and arbitration, on hours of work, holidays with pay and paid educational leave, on social security and welfare facilities, and on maternity protection and the protection of workers' health, and

Considering that the special conditions in which nursing is carried out make it desirable to supplement the above-mentioned general standards by standards specific to nursing perso-

nnel, designed to enable them to enjoy a status corresponding to their role in the field of health and acceptable to them, and

Noting that the following standards have been framed in co-operation with the World Health Organisation and that there will be continuing co-operation with that Organisation in promoting and securing the application of these standards, and

Having decided upon the adoption of certain proposals with regard to employment and conditions of work and life of nursing personnel which is the sixth item on the agenda of the session, and

Having determined that these proposals shall take the form of an international Convention, adopts this twenty-first day of June of the year one thousand nine hundred and seventy-seven the following Convention, which may be cited as the Nursing Personnel Convention, 1977.

Article 1

1. For the purpose of this Convention the term "nursing personnel" includes all categories of persons providing nursing care and nursing services.

2. This Convention applies to all nursing personnel wherever they work.

3. The competent authority may, after consultation with the employers' and workers' organisations concerned, where such organisations exist, establish special rules concerning nursing personnel who give nursing care and services on a voluntary basis; these rules shall not derogate from the provisions of Article 2, paragraph 2 (a), Article 3, Article 4 and Article 7 of this Convention.

Article 2

1. Each Member which ratifies this Convention shall adopt and apply, in a manner appropriate to national conditions, a policy concerning nursing services and nursing personnel designed, within the framework of a general health programme, where such a programme exists, and

within the resources available for health care as a whole, to provide the quantity and quality of nursing care necessary for attaining the highest possible level of health for the population.

2. In particular, it shall take the necessary measures to provide nursing personnel with—

- (a) educational and training appropriate to the exercise of their functions; and
- (b) employment and working conditions, including career prospects and remuneration, †

which are likely to attract persons to the profession and retain them in it.

3. The policy mentioned in paragraph 1 of this Article shall be formulated in consultation with the employers' and workers' organisations concerned, where such organisations exist.

4. This policy shall be co-ordinated with policies relating to other aspects of health care and to other workers in the field of health, in consultation with the employers' and workers' organisations concerned.

Article 3

1. The basic requirements regarding nursing education and training and the supervision of such education and training shall be laid down by national laws or regulations or by the competent authority or competent professional bodies, empowered by such laws or regulations to do so.

2. Nursing education and training shall be co-ordinated with the education and training of other workers in the field of health.

Article 4

National laws or regulations shall specify the requirements for the practice of nursing and limit that practice to persons who meet these requirements.

Article 5

1. Measures shall be taken to promote the participation of nursing personnel in the planning of nursing services and consultation with such personnel on decisions concerning them, in a manner appropriate to national conditions.

2. The determination of conditions of employment and work shall preferably be made by negotiation between employers' and workers' organisations concerned.

3. The settlement of disputes arising in connection with the determination of terms and conditions of employment shall be sought through negotiations between the parties or, in such a manner as to ensure the confidence of the parties involved, through independent and impartial machinery such as mediation, conciliation and voluntary arbitration.

Article 6

Nursing personnel shall enjoy conditions at least equivalent to those other workers in the country concerned in the following fields :

- (a) hours of work, including regulation and compensation of overtime, inconvenient hours and shift work; (b) weekly rest; (c) paid annual holidays; (d) educational leave; (e) maternity leave; (f) sick leave; (g) social security.

Article 7

Each Member shall, if necessary, endeavour to improve existing laws and regulations on occupational health and safety by adapting them to the special nature of nursing work and of the environment in which it is carried out.

Article 8

1. The provisions of this Convention, in so far as they are not otherwise made effective by means of collective agreements, work rules, arbitration awards, court decisions, or in such other manner consistent with national practice as may be appropriate under national conditions, shall be given effect by national laws or regulations.

Article 9

The formal ratifications of this Convention shall be communicated to the Director-General of the International Labour Office for registration.

Article 10

This Convention shall be binding only upon those Members of International Labour Organisation whose ratifications have been registered with the Director-General.

2. It shall come into force twelve months after the date on which the ratifications of two Members have been registered with the Director-General.

3. Thereafter, this Convention shall come into force for any Member twelve months after the date on which its ratification has been registered.

Article 11

1. A Member which has ratified this Convention may denounce it after the expiration of ten years from the date on which the Convention first comes into force by an act communicated to the Director-General of the International Labour Office for registration. Such denunciation shall not take effect until one year after the date on which it is registered.

2. Each Member which has ratified this Convention and which does not, within the year following the expiration of the period of ten years mentioned in the preceding paragraph, exercise the right of denunciation provided for in this Article, will be bound for another period of ten years and, thereafter, may denounce this Convention at the expiration of each period of ten years under the terms provided for in this Article.

Article 12

1. The Director-General of the International Labour Office shall notify all Members of the International Labour Organisation of the registration of all ratifications and denunciations communicated to him by the Members of the Organisation.

2. When notifying the Members of the Organisation of the second ratification communicated to him, the Director-General shall draw the attention of the Members of the Organisation to the date upon which the Convention will come into force.

Article 13

The Director-General of the International Labour Office shall communicate to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations full particulars of all ratifications and acts of denunciation registered by him in accordance with the provisions of the preceding Articles.

Article 14

At such times as it may consider necessary the Governing Body of the International Labour Office shall present to the General Conference a report on the working of this Convention and shall examine the desirability of placing on the agenda of the Conference the question of its revision in whole or in part.

Article 15

1. Should the Conference adopt a new Convention revising this Convention in whole or

in part, then unless new Convention otherwise provides—

- (i) the ratification by a Member of the new revising Convention shall *ipso jure* involve the immediate denunciation of this Convention, notwithstanding the provisions of Article 11 above, if and when the new revising Convention shall have come into force;
- (b) as from the date when the new revising Convention comes into force this Convention shall cease to be open to ratification by the Members.

2. This Convention shall in any case remain in force in its actual form and content for those Members which have ratified it but have not ratified the revising Convention.

Article 16

The English and French versions of the text of this Convention are equally authoritative.

Recommendation Concerning Employment and Conditions of Work and Life of Nursing Personnel.

(Recommendation 157)

The General Conference of the International Labour Organisation.

Having been convened at Geneva by the Governing Body of the International Labour Office, and having met in its Sixty-third Session on 1 June 1977, and

Recognising the vital role played by nursing personnel, together with other workers in the field of health, in the protection and improvement of the health and welfare of the population, and

Emphasising the need to expand health services through co-operation between governments and employers' and workers' organisations concerned in order to ensure the provision of nursing services appropriate to the needs of the community, and

Recognising that the public sector as an employer of nursing personnel should play a particularly active role in the improvement of conditions of employment and work of nursing personnel, and

Noting that the present situation of nursing personnel in many countries, in which there is a shortage of qualified persons and existing staff are not always utilised to best effect, is an obstacle to the development of effective health services, and

Recalling that nursing personnel are covered by many international labour Conventions and Recommendations laying down general standards concerning employment and conditions of work such as instruments on discrimination, on freedom of association and the right to bargain collectively, on voluntary conciliation and arbitration, on hours of work, holidays with pay and paid educational leave, on social security and welfare facilities, and on maternity protection and the protection of workers' health, and

Considering that the special conditions in which nursing is carried out make it desirable to supplement the above-mentioned general standards by standards specific to nursing personnel, designed to enable them to enjoy a status corresponding to their role in the field of health and acceptable to them, and

Noting that the following standards have been framed in co-operation with the World Health Organisation and that there will be continuing co-operation with that Organisation in promoting and securing the application of these standards, and

Having decided upon the adoption of certain proposals with regard to employment and conditions of work and life of nursing personnel, which is the sixth item on the agenda of the session, and

Having determined that these proposals shall take the form of a Recommendation,

adopts this twenty-first day of June of the year one thousand nine hundred and seventy-seven the following Recommendation, which may be cited as the Nursing Personnel Recommendation, 1977:

I. Scope

1. For the purpose of this Recommendation, the term "nursing personnel" includes all categories of persons providing nursing care and nursing services.

2. This Recommendation applies to all nursing personnel, wherever they work.

3. The competent authority may, after consultation with the employers' and workers' organisations concerned, where such organisations exist, establish special rules concerning nursing personnel who give 'services' on a voluntary basis; these rules should not derogate from the provisions of Parts II, III, IV and IX of this Recommendation.

II. Policy Concerning Nursing Services and Nursing Personnel

4. (1) Each Member should adopt and apply, in a manner appropriate to national conditions, a policy concerning nursing services and nursing personnel designed, within the framework of a general health programme and within the resources available for health care as a whole, to provide the quantity and quality of nursing care necessary for attaining the highest possible level of health for the population.

(2) The said policy should—

- (a) be co-ordinated with policies relating to other aspects of health care and to other workers in the field of health, in consultation with representatives of the latter;
- (b) include the adoption of laws or regulations concerning education and training for and the practice of the nursing profession and the adaptation of such laws or regulations to developments in the qualifications and responsibilities require of nursing personnel to meet all calls for nursing services;
- (c) include measures—
 - (i) to facilitate effective utilisation of nursing personnel in the country as a whole; and
 - (ii) to promote the fullest use of the qualifications of nursing personnel in the various establishments, areas and sectors employing them; and
- (d) be formulated in consultation with the employers' and workers' organisations concerned.

5. (1) Measures should be taken, in consultation with the employers' and workers' organisations concerned, to establish a rational nursing personnel structure by classifying nursing personnel in a limited number of categories determined by reference to education and training, level of functions and authorisation to practise.

(2) Such a structure may include the following categories, in accordance with national practice:

- (a) professional nurses having the education and training recognised as necessary for assuming highly complex and responsible functions, and authorised to perform them;
- (b) auxiliary nurses, having at least the education and training recognised as necessary for assuming less complex functions, under

the supervision of a professional nurse as appropriate, and authorised to perform them;

- (c) nursing aides, having prior education and/or on-the-job training enabling them to perform specified tasks under the supervision of a professional or auxiliary nurse.

6. (1) The functions of nursing personnel should be classified according to the level of judgement required the authority to take decisions the complexity of the relationship with other functions, the level of technical skill required, and the level of responsibility for the nursing services provided.

(2) The resulting classification should be used to ensure greater uniformity of employment structure in the various establishments, areas and sectors employing nursing personnel.

(3) Nursing personnel of a given category should not be used as substitutes for nursing personnel of a higher category except in case of special emergency, on a provisional basis, and on condition that they have adequate training or experience and are given appropriate compensation.

III. Education and Training

7. (1) Measures should be taken to provide the necessary information and guidance on the nursing profession to persons wishing to take up nursing as a career.

(2) Where appropriate, basic nursing education should be conducted in educational institutions with in the framework of the general education system of the country at a level similar to that of comparable professional groups.

(3) Laws or regulations should prescribe the basic requirements regarding nursing education and training and provide for the supervision of such education and training, or should empower the competent authority or competent professional bodies to do so.

(4) Nursing education and training should be organised by reference to recognised community needs, taking account of resources available in the country, and should be co-ordinated with the education and training of other workers in the field of health.

8. (1) Nursing education and training should include both theory and practice in conformity with a programme officially recognised by the competent authorities.

(2) Practical training should be given in approved preventive, curative and rehabilitation services, under the supervision of qualified nurses.

9. (1) The duration of basic nursing education and training should be related to the minimum educational requirements for entry to training and to the purposes of training.

(2) There should be two levels of approved basic education and training:

- (a) an advanced level, designed to train professional nurses having sufficiently wide and thorough skills to enable them to provide the most complex nursing care and to organise and evaluate nursing care, in hospitals and other health-related community services; as far as possible students accepted for education and training at this level should have the background of general education required for entry to university;

- (b) a less advanced level, designed to train auxiliary nurses able to provide general nursing care which is less complex but which requires technical skills and aptitude for personal relations; students accepted for education and training at this level should have attained as advanced a level as possible of secondary education.

10. There should be programmes of higher nursing education to prepare nursing personnel for the highest responsibilities in direct and supportive nursing care, in the administration of nursing services in nursing education and in research and development in the field of nursing

11. Nursing aides should be given theoretical and practical training appropriate to their functions.

12. (1) Continuing education and training both at the workplace and out side should be an integral part of the programme referred to in Paragraph 8, sub-paragraph 1, of this Recommendation and be available to all so as to ensure the updating and upgrading of knowledge and skills and to enable nursing personnel to acquire and apply new ideas and techniques in the field of nursing and related sciences.

(2) Continuing nursing education and training should include provision for programmes which would promote and facilitate the advancement of nursing aides and auxiliary nurses.

(3) Such education and training should also include provision for programmes which would facilitate re-entry into nursing after a period of interruption.

IV. Practice of the Nursing Profession

13. The laws or regulations concerning the practice of the nursing profession should—

- (a) specify the requirements for the practice of the nursing profession as professional nurse or as auxiliary nurse and, where the possession of certificates attesting the attainment of the required level of education and training does not automatically imply the right to practise the profession, empower a body including representatives of nursing personnel to grant licences;
- (b) limit the practice of the profession to duly authorised persons;
- (c) be reviewed and updated, as necessary, in accordance with current advances and practices in the profession.

14. The standards concerning nursing practice should be co-ordinated with those concerning the practice of other health professions.

15. (1) Nursing personnel should not be assigned to work which goes beyond their qualifications and competence.

(2) Where individuals are not qualified for work on which they are already employed, they should be trained as quickly as possible to obtain the necessary qualifications, and their preparation for these qualifications should be facilitated.

16. Consideration should be given to the measures which may be called for by the problem of civil liability of nursing personnel arising from the exercise of their functions.

17. Any disciplinary rules applicable to nursing personnel should be determined with the participation of representatives of nursing personnel and should guarantee such personnel a fair judgement and adequate appeal procedures, including the right to be represented by persons of their choice at all levels of the proceedings, in a manner appropriate to national conditions.

18. Nursing personnel should be able to claim exemption from performing specific duties, without being penalised, where performance would conflict with their religious, moral or ethical convictions and where they inform their

supervisor in good time of their objection so as to allow the necessary alternative arrangements to be made to ensure that essential nursing care of patients is not affected.

V. Participation

19. (1) Measures should be taken to promote the participation nursing personnel in the planning and in decisions concerning national health policy in general and concerning their profession in particular at all levels, in a manner appropriate to national conditions.

(2) in particular—

- (a) qualified representatives of nursing personnel, or of organisations representing them, should be associated with the elaboration and application of policies and general principles regarding the nursing profession, including those regarding education and training and the practice of the profession;
- (b) conditions of employment and work should be determined by negotiation between the employers' and workers' organisations concerned;
- (c) the settlement of disputes arising in connection with the determination of terms and conditions of employment should be sought through negotiation between the parties or through independent and impartial machinery, such as mediation, conciliation and voluntary arbitration, with a view to making it unnecessary for the organisations representing nursing personnel to have recourse to such other steps as are normally open to organisations of other workers in defence of their legitimate interests;
- (d) in the employing establishment, nursing personnel or their representatives in the meaning of Article 3 of the Workers' Representatives Convention, 1971 should be associated with decisions relating to their professional life, in a manner appropriate to the questions at issue.

20. Representatives of nursing personnel should be assured the protection provided for in the Workers' Representatives Convention and Recommendation, 1971.

VI. Career Development

21. (1) Measures should be taken to offer nursing personnel reasonable career prospects by providing for a sufficiently varied and open range of possibilities of professional advancement, leadership positions in direct and supportive

nursing care, the administration of nursing services, nursing education, and research and development in the field of nursing, and a grading and a remuneration structure recognising the acceptance of functions involving increased responsibility, and requiring greater technical skill and professional judgement.

(2) These measures should also give recognition to the importance of functions involving direct relations with patients and the public.

22. Measures should be taken to give nursing personnel advice and guidance on career prospects and, as appropriate, on re-entry into nursing after a period of interruption.

23. In determining the level at which nursing personnel re-entering the profession after an interruption of its practice should be employed, account should be taken of previous nursing experience and the duration of the interruption.

24. (1) Nursing personnel wishing to participate in programmes of continuing education and training and capable of doing so should be given the necessary facilities.

(2) These facilities might consist in the grant of paid or unpaid educational leave, adaptation of hours of work, and payment of study or training costs; wherever possible, nursing personnel should be granted paid educational leave in accordance with the Paid Educational Leave Convention, 1974.

(3) Employers should provide staff and facilities for in-service training of nursing personnel, preferably at the workplace.

VII. Remuneration

25. (1) The remuneration of nursing personnel should be fixed at levels which are commensurate with their socio-economic needs, qualifications, responsibilities, duties and experience, which take account of the constraints and hazards inherent in the profession, and which are likely to attract persons to the profession and retain them in it.

(2) Levels of remuneration should bear comparison with those of other professions requiring similar or equivalent qualifications and carrying similar or equivalent responsibilities.

(3) Levels of remuneration for nursing personnel having similar or equivalent duties and working in similar or equivalent conditions should be comparable, whatever the establishments, areas or sectors in which they work.

(4) Remuneration should be adjusted from time to time to take into account variations in the cost of living and rises in the national standard of living.

(5) The remuneration of nursing personnel should preferably be fixed by collective agreement.

26. Scales of remuneration should take account of the classification of functions and responsibilities recommended in Paragraphs 5 and 6 and of the principles of career policy set out in Paragraph 21 of this Recommendation.

27. Nursing personnel who work in particularly arduous or unpleasant conditions should receive financial compensation for this.

28. (1) Remuneration should be payable entirely in money.

(2) Deductions from wages should be permitted only under conditions and to the extent prescribed by national laws or regulations or fixed by collective agreement or arbitration award.

(3) Nursing personnel should be free to decide whether or not to use the services provided by the employer.

29. Work, clothing, medical kits, transport facilities and other supplies required by the employer or necessary for the performance of the work should be provided by the employer to nursing personnel and maintained free of charge.

30. For the purpose of this Recommendation—

- (a) the term "normal hours of work" means the number of hours fixed in each country by or in pursuance of laws or regulations, collective agreements or arbitration awards;
- (b) the term "overtime" means hours worked in excess of normal hours of work;
- (c) the term "oncall duty" means periods of time during which nursing personnel are, at the work-place or elsewhere, at the disposal of the employer in order to respond to possible calls;
- (d) the terms "inconvenient hours" means hours worked on other than the normal working days and at other than the normal working time of the country.

31. The time during which nursing personnel are at the disposal of the employer—such as the time needed to organise their work and the time needed to receive and to transmit instructions—should be counted as working time for nursing personnel, subject to possible special provision concerning on-call duty.

32. (1) The normal weekly hours of nursing personnel should not be higher than those set in the country concerned for workers in general.

(2) Where the normal working week of workers in general exceeds 40 hours, steps should be taken to bring it down, progressively, but as rapidly as possible to that level for nursing personnel without any reduction in salary, in accordance with Paragraph 9 of the Reduction of Hours of Work Recommendation, 1962.

33. (1) Normal daily hours work should be continuous and not exceed eight hours, except where arrangements are made by laws or regulations, collective agreement, work rules or arbitration awards for flexible hours or a compressed week; in any case, the normal working week should remain within the limits referred to in Paragraph 32, sub-paragraph (1), of this Recommendation.

(2) The working day, including overtime, should not exceed 12 hours.

(3) Temporary exceptions to the provisions of this Paragraph should be authorised only in case of special emergency.

34. (1) There should be meal breaks of reasonable duration.

(2) There should be rest breaks of reasonable duration included in the normal hours of work.

35. Nursing personnel should have sufficient notice of working schedules to enable them to organise their personal and family life accordingly. Exceptions to these schedules should be authorised only in case of special emergency.

36. (1) Where nursing personnel are entitled to less than 48 hours of continuous weekly rest, steps should be taken to bring their weekly rest to that level.

(2) The weekly rest of nursing personnel should in no case be less than 36 uninterrupted hours.

37. (1) There should be as little recourse to overtime work, work at inconvenient hours and on-call duty as possible.

(2) Overtime and work on public holidays should be compensated in time off and/or remuneration at a higher rate than the normal salary rate.

(3) Work at inconvenient hours other than public holidays should be compensated by an addition to salary.

38. (1) Shift work should be compensated by an increase in remuneration which should not be less than that applicable to shift work in other employment in the country.

(2) Nursing personnel assigned to shift work should have a period of continuous rest of at least 12 hours between shifts.

(3) A single shift of duty divided by a period of unremunerated time (split shift) should be avoided.

39. (1) Nursing personnel should be entitled to take a paid annual holiday of at least the same length as other workers in the country.

(2) Where the length of the paid annual holiday is less than four weeks for one year of service, steps should be taken to bring it progressively, but as rapidly as possible, to that level for nursing personnel.

40. Nursing personnel who work in particularly arduous or unpleasant conditions should benefit from a reduction of working hours and/or an increase in rest periods, without any decrease in total remuneration.

41. (1) Nursing personnel absent from work by reason of illness or injury should be entitled, for a period and in a manner determined by laws or regulations or by collective agreements to—

(a) maintenance of the employment relationship and of rights deriving therefrom;

(b) income security.

(2) The laws or regulations, or collective agreements, establishing sick leave entitlement should distinguish between—

(a) cases in which the illness or injury is service-incurred;

(b) cases in which the person concerned is not incapacitated for work but absence from work is necessary to protect the health of others;

(c) cases of illness or injury unrelated to work.

42. (1) Nursing personnel, without distinction between married and unmarried persons, should be assured the benefits and protection provided for in the Maternity Protection Convention (Revised) 1952, and the Maternity Protection Recommendation, 1952.

(2) Maternity leave should not be considered to be sick leave.

(3) The measures provided for in the employment (Women with Family Responsibilities)

Recommendation, 1965, should be applied in respect of nursing personnel.

43. In accordance with Paragraph 19 of this Recommendation, decisions concerning the organisation of work, working time and rest periods should be taken in agreement or in consultation with freely chosen representatives of the nursing personnel or with organisations representing them. They should bear in particular on—

- (a) the hours to be regarded as inconvenient hours;
- (b) the conditions in which on-call duty will be counted as working time;
- (c) the conditions in which the exceptions provided for in Paragraph 33, sub-paragraph (3), and in Paragraph 35 of this Recommendation will be authorised;
- (d) the length of the breaks provided for in Paragraph 34 of this Recommendation and the manner in which they are to be taken;
- (e) the form and amount of compensation provided for in Paragraphs 37 and 38 of this Recommendation;
- (f) Working schedules;
- (g) the conditions to be considered as particularly arduous or unpleasant for the purpose of Paragraphs 27 and 40 of this Recommendation.

IX. Occupational Health Protection

44. Each Member should endeavour to adapt laws and regulations on occupational health and safety to the special nature of nursing work and of the environment in which it is carried out, and to increase the protection afforded by them.

45. (1) Nursing personnel should have access to occupational health services operating in accordance with the provisions of the Occupational Health Services Recommendation, 1959.

(2) Where occupational health services have not yet been set up for all undertakings, medical care establishment employing nursing personnel should be among the undertakings for which, in accordance with Paragraph 4 of that Recommendation, such services should be set up in the first instance.

46. (1) Each Member and the employer's and workers' organisations concerned should pay particular attention to the provisions of the Protection of Worker's Health Recommendation, 1953, and endeavour to ensure its application to nursing personnel.

(2) All appropriate measures should be taken in accordance with Paragraphs 1 to 7 of that Recommendation to prevent, reduce or eliminate risks to the health or safety of nursing personnel.

47. (1) Nursing personnel should undergo medical examinations on taking up and terminating an appointment, and at regular intervals during their service.

(2) Nursing personnel regularly assigned to work in circumstances such that a definite risk to their health or to that of others around them exists or may be suspected should undergo regular medical examinations at intervals appropriate to the risk involved.

(3) Objectivity and confidentiality should be assured in examinations provided for in this Paragraph; the examinations referred to should not be carried out by doctors with whom the persons examined have a close working relationship.

48. (1) Studies should be undertaken—and kept up to date—to determine special risks to which nursing personnel may be exposed in the exercise of their profession so that these risks may be prevented and, as appropriate, compensated.

(2) For that purpose, cases of occupational accidents and cases of diseases recognised as occupational under laws or regulations concerning employment injury benefits, or liable to be occupational in origin, should be notified to the competent authority, in a manner to be prescribed by national laws or regulations, in accordance with Paragraphs 14 to 17 of the Protection of Workers' Health Recommendation, 1953.

49. (1) All possible steps should be taken to ensure that nursing personnel are not exposed to special risk. Where exposure to special risks is unavoidable, measures should be taken to minimise it.

(2) Measures such as the provision and use of protective clothing, immunisation, shorter hours, more frequent rest breaks, temporary removal from the risk or longer annual holidays should be provided for in respect to nursing personnel regularly assigned to duties involving special risk so as to reduce their exposure to these risks.

(3) In addition, nursing personnel who are exposed to special risk should receive financial compensation.

50. Pregnant women and parents of young children whose normal assignment could be prejudicial to their health or that of their child should be transferred, without loss of entitlements to work appropriate to their situation.

51. The collaboration of nursing personnel and of organisations representing them should be sought in ensuring the effective application of provisions concerning the protection of the health and safety of nursing personnel.

52. Appropriate measures should be taken for the supervision of the application of the laws and regulations and other provisions concerning the protection of the health and safety of nursing personnel.

X. Social Security

53. (1) Nursing personnel should enjoy social security protection at least equivalent, as the case may be, to that of other persons employed in the public service or sector, employed in the private sector, or self-employed in the country concerned; this protection should cover periods of probation and periods of training of persons regularly employed as nursing personnel.

(2) The social security protection of nursing personnel should take account of the particular nature of their activity.

54. As far as possible, appropriate arrangements should be made to ensure continuity in the acquisition of rights and the provision of benefits in case of change of employment and temporary cessation of employment.

55. (1) Where the social security scheme gives protected persons the free choice of doctor and medical institution, nursing personnel should enjoy the same freedom of choice.

(2) The medical records of nursing personnel should be confidential.

56. National laws or regulations should make possible the compensation as an occupational disease, of any illness contracted by nursing personnel as a result of their work.

XI. Special Employment Arrangements

57. With a view to making the most effective use of available nursing personnel and to preventing the withdrawal of qualified persons from the profession, measures should be taken to make possible temporary and part-time employment.

58. The conditions of employment of temporary and part-time nursing personnel should be equivalent to those of permanent and full-time staff respectively, their entitlements being, as appropriate, calculated on a pro rata basis.

XII. Nursing Students

59. Nursing students should enjoy the rights and freedoms of students in other disciplines,

subject only to limitations which are essential for their education and training.

60. (1) Practical work of students should be organised and carried out by reference to their training needs; it should in no case be used as a means of meeting normal staffing requirements.

(2) During their practical work, nursing students should only be assigned tasks which correspond to their level of preparation.

(3) Throughout their education and training, nursing students have the same health protection as nursing personnel.

(4) Nursing students should have appropriate legal protection.

61. During their education and training, nursing students should receive precise and detailed information on the employment, working conditions and career prospects of nursing personnel, and on the means available to them to further their economic, social and professional interests.

XIII. International Co-operation

62. In order to promote exchanges of personnel, ideas and knowledge, and thereby improve nursing care, members should endeavour, in particular by multilateral or bilateral arrangements, to—

- (a) harmonise education and training for the nursing profession without lowering standards;
- (b) lay down the conditions of mutual recognition of qualifications acquired abroad;
- (c) harmonise the requirements for authorisation to practise;
- (d) organise nursing personnel exchange programmes.

63. (1) Nursing personnel should be encouraged to use the possibilities of education and training available in their own country.

(2) Where necessary or desirable, they should have the possibility of education and training abroad as far as possible by way of organised exchange programmes.

64. (1) Nursing personnel undergoing education or training abroad should be able to obtain appropriate financial aid, on conditions to be determined by multilateral or bilateral agreements or national laws or regulations.

(2) Such aid may be made dependent on an undertaking to return to their country within a reasonable time and to work there for a specified minimum period in a job corresponding to the newly acquired qualifications, on terms at least equal to those applicable to other nationals.

65. Consideration should be given to the possibility of detaching personnel wishing to work or train abroad for a specified period, without break in the employment relationship.

66. (1) Foreign nursing personnel should have qualifications recognised by the competent authority as appropriate for the posts to be filled and satisfy all other conditions for the practice of the profession in the country of employment; foreign personnel participating in organised exchange programmes may be exempted from the latter requirement.

(2) The employer should satisfy himself that foreign nursing personnel have adequate language ability for the posts to be filled.

(3) Foreign nursing personnel with equivalent qualifications should have conditions of employment which are as favourable as those of national personnel in posts involving the same duties and responsibilities.

67. (1) Recruitment of foreign nursing personnel for employment should be authorised only—

- (a) if there is a lack of qualified personnel for the posts to be filled in the country of employment;
- (b) if there is no shortage of nursing personnel with qualifications sought in the country of origin.

(2) Recruitment of foreign nursing personnel should be undertaken in conformity with the relevant provision of the Migration for Employment Convention and Recommendation (Revised) 1949.

68. Nursing personnel employed or in training abroad should be given all necessary facilities when they wish to be repatriated.

69. As regards social security, Members should, in accordance with national practice—

- (a) assure to foreign nursing personnel training or working in the country equality of treatment with national personnel;
- (b) participate in bilateral or multilateral arrangements designed to ensure the main-

tenance of the acquired rights or rights in course of acquisition of migrant nursing personnel, as well as the provision of benefits abroad.

XIV. Methods Application

70. This Recommendation may be applied by national laws or regulations, collective agreements, work rules, arbitration awards or judicial decisions, or in any other manner consistent with national practice which may be appropriate, account being taken of conditions in each country.

71. In applying provisions of this Recommendation Members and the employers' and workers' organisations concerned should be guided to the extent possible and desirable by the suggestions concerning its practical application set forth in the Annex.

ANNEX

SUGGESTIONS CONCERNING PRACTICAL APPLICATION

Policy Concerning Nursing Services and Nursing Personnel

1. Sufficient budgetary provision should be made to permit the attainment of the objectives of the national policy concerning nursing services and nursing personnel.

2. (1) The programming of nursing services should be a continuing process at all levels of general health programming.

(2) Nursing services be programmed on the basis of—

(a) information obtained from studies and research which are of a continuing nature and permit adequate evaluation of the problems arising and of the needs and available resources;

(b) technical standards appropriate to changing needs and national and local conditions.

(3) In particular measures should be taken to—

(a) establish adequate nursing standards;

(b) specify the nursing functions called for by the recognised needs;

(c) determine the staffing standards for the adequate composition of nursing teams as regards the number of persons and qualifications required at the various levels and in the various categories;

(d) determine on that basis the categories number and level of personnel required for the development of nursing services as a whole and for the effective utilisation of personnel;

(e) determine, in consultation with the representatives of those concerned, the relationship between nursing personnel and other categories of health personnel.

3. The policy concerning nursing services and nursing personnel should aim at developing four types of functions of nursing personnel: direct and supportive nursing care; the administration of nursing services; nursing education; and research and development in the field of nursing.

4. Appropriate technical and material resources should be provided for the proper exercise of tasks of nursing personnel.

5. The classification of functions recommended in Paragraph 5 of the Recommendation should be based on a analysis of jobs and an evaluation of functions made in consultation with the employers' and workers' organisation concerned.

Education and Training

6. Where the educational possibilities of large sections of the population are limited, measures should be taken within the programmes of nursing education and training to supplement the general education of students who have not attained the level required in accordance with Paragraph 9 of the Recommendation.

7. Programmes of nursing education and training should provide a basis for access to education and training for higher responsibilities, create a desire for self-improvement, and prepare student to apply their knowledge and skills as members of the health team.

Practice of the Nursing Profession

8. (1) In conditions to be determined, the renewal of an authorisation to practise the nursing profession may be required.

(2) Such renewal might be made subject to requirements of continuing education and training, where this is considered necessary to ensure that authorised nursing personnel remain fully qualified.

9. Re-entry into the profession after an interruption of its practice may be made subject, in specified circumstances to verification of qualifications; in such case, consideration should be given to facilitating re-entry by such methods as employment alongside another person for a specified period before verification takes place.

10. (1) Any disciplinary rules applicable to nursing personnel should include—

(a) a definition of breach of professional conduct taking account of the nature of the profession and of such standards of professional ethics as may be applicable thereto;

(b) an indication of the sanctions applicable, which should be proportional to the gravity of the fault.

(2) Any disciplinary rules applicable to nursing personnel should be laid down in the framework of rules applicable to health personnel as a whole or, where there are no such rules, should take due account of rules applicable to other categories of health personnel.

CAREER DEVELOPMENT

11. Where the possibilities of professional advancement are limited as a result of the manner in which nursing services in general are conceived, measures might be taken to facilitate access to studies leading to qualifications for other health professions.

12(1) Measures should be taken to establish systems of classification and of scales of remuneration which provide possibilities of professional advancement on the basis of the classification of the level of functions envisaged in Paragraph 6 of the Recommendation.

(2) These systems should be sufficiently open to provide an incentive for nursing personnel to pass from one level to another.

(3) The promotion of nursing personnel should be based on equitable criteria and take account of experience and demonstrated ability.

13 Increases in remuneration should be provided for, at every level, by reference to the development of experience and ability.

14. (1) Measures should be taken to encourage nursing personnel to make the greatest possible use of their knowledge and their qualifications in their work.

(2) The responsibilities effectively assumed by nursing personnel and the competence shown by them should be continuously reviewed so as to ensure remuneration and possibilities of advancement or promotion corresponding thereto.

15. (1) Periods of paid educational leave should be considered to be periods of work for the purpose of entitlement to social benefits and other rights deriving from the employment relationship.

(2) As far as possible, periods of unpaid educational leave for the purpose of additional education and training should be taken into consideration in the calculation of seniority, particularly as regards remuneration and pension rights.

REMUNERATION

16. Pending the attainment of levels of remuneration comparable with those of other professions requiring similar or equivalent qualifications and carrying similar or equivalent responsibilities, measures should be taken, where necessary, to bring remuneration as rapidly as possible to a level which is likely to attract nursing personnel to the profession and retain them in it.

17. (1) Additions to salary and compensatory payments which are granted on a regular basis should, to an extent commensurate with general practice in the professions referred to in Paragraph 16 of this Annex, be regarded as an integral part of remuneration for the calculation of holiday pay, pensions and other social benefits.

(2) Their amount should be periodically reviewed in the light of changes in the cost of living.

WORKING TIME AND REST PERIODS

18. (1) In the organisation of hours of work every effort should be made, subject to the requirement of the service, to allocate shift work, overtime work and work at inconvenient hours equitable between nursing personnel, and in particular between permanent and temporary and between full-time and part-time personnel, and to take account as far as possible of individual preferences and of special considerations regarding such matters as climate, transportation and family responsibilities.

(2) The organisation of hours of work for nursing personnel should be based on the need for nursing services rather than subordinated to the work pattern of other health service personnel.

19. (1) Appropriate measures to limit the need for overtime, for work at inconvenient hours and for on-call duty should be taken in

the organisation of work, in determining the number and use of staff and in scheduling hours of work; in particular, account should be taken of the need for replacing nursing personnel during absences or leave authorised by laws or regulations or collective agreements, so that the personnel who are present will not be overburdened.

(2) Overtime should be worked on a voluntary basis, except where it is essential for patient care and sufficient volunteers are not available.

20. The notice of working schedules provided for in Paragraph 35 of the Recommendation should be given at least two weeks in advance.

21. Any period of on-call duty during which nursing personnel are required to remain at the work-place or the services of nursing personnel are actually used should be fully regarded as working time and remunerated as such.

22. (1) Nursing personnel should be free to take their meals in places of their choice.

(2) They should be able to take their rest breaks at a place other than their work-place.

23. The time at which the annual holiday is to be taken should be determined on an equitable basis, due account being taken of family obligations, individual preferences and the requirements of the service.

OCCUPATIONAL HEALTH PROTECTION

24. Nursing personnel in respect of whom special measures such as those envisaged in Paragraphs 47, subparagraph (2), 49 and 50 of the Recommendation should be taken should include, in particular, personnel regularly exposed to ionising radiations or to anaesthetic substances and personnel in contact with infectious diseases or mental illness.

25. Nursing personnel regularly exposed to ionising radiations should, in addition, enjoy the protection of the measures provided for in the Radiation Protection Convention and Recommendation, 1960.

26. Work to which pregnant women or mothers of young children should not be assigned should include—

(a) as regards women covered by Paragraph 5 of the Maternity Protection Recommendation, 1952, the types of work enumerated therein;

- (h) generally, work involving exposure to ionising radiations or anaesthetic substances or involving contact with infectious diseases.

SOCIAL SECURITY

27. In order to ensure continuity in the acquisition of rights and the provision of benefits, as provided in Paragraph 54 of the Recommendation, steps should be taken to co-ordinate such private supplementary schemes as exist with each other and with statutory schemes.

28. In order to ensure that nursing personnel receive the compensation for illnesses contracted as a result of their work, as provided for in Paragraph 56 of the Recommendation, Members should, by laws or regulations—

- (a) prescribe a list establishing a presumption of occupational origin in respect of certain diseases when they are contracted by nursing personnel, and revise the list periodically in the light of scientific and technical developments affecting nursing personnel;

- (b) complement that list by a general definition of occupational diseases or by other provision enabling nursing personnel to establish the occupational origin of diseases not presumed to be occupational by virtue of the list.

INTERNATIONAL CO-OPERATION

29. The financial aid given to nursing personnel undergoing education or training abroad might include, as appropriate—

- (a) payment of travel expenses;
- (b) payment of duty costs;
- (c) scholarships;
- (d) continuation of full or partial remuneration, in the case of nursing personnel already employed.

30. As far as possible periods of leave or detachment for training or work abroad should be taken into consideration in the calculation of seniority, particularly as regards remuneration and pension rights.

DIRECTORATE GENERAL OF HEALTH SERVICES

Minutes of the First Meeting of the High Power Committee held on 25-9-1987 at 2.30 P.M. in Nirman Bhavan, New Delhi.

The following Members were present :

- (1) Dr. (Mrs.) Jyoti H. Trivedi—Chairperson
- (2) Shri C.P.B. Kurup—Member;
- (3) Smt. H. Chabook—Member;
- (4) Smt. Sarojini Varadappan—Member;
- (5) Mrs. R.K. Sood, Nursing Advisor,
Member-Secretary.

No intimation was received from Dr. P.C. Vyas, Dr. Avinash Dhillon and Mrs. A. Kerkatta.

2. The Chairperson at the outset informed the Members that this being the first meeting of the Committee, Members may like to introduce themselves to enable each one to know the area of specialisation of each member so that full utilisation of the talents are made.

3. After introduction, the Chairperson stated that provisional Agenda for the meeting is prepared by Member-Secretary which may kindly be seen. In all Members stated that they had received very useful background information and agenda proposed may be taken up. The following issues were discussed:—

Terms and reference of the Committee

Members stated that terms of reference is too vast to be studied in the period of six months' time. The Chairperson informed that she has already written to the Govt. about this.

Brief Report on the work done so far

Member-Secretary informed that after receiving intimation regarding setting up of this High Power Committee, letters have been written to all the State Govts., State Level Nurses, Central/State Councils and Voluntary Health Associations requesting them to send information on the terms of references of the Committee. The terms of reference was also discussed in the Indian Nursing Council's meeting where many of the State level

Nurses and State Nursing Council representatives were present. Replies from the States/State Nursing Councils are awaited. The Trained Nurses Association of India has also been requested to publish this in the Nursing Journal of India.

Brief Report on the existing position of Nursing profession

A brief paper giving the existing position with regard to Nursing structure at National/State level, position on Nursing Education College & School, annual out-turn, etc., and existing status of Nursing services in the hospital and community was presented.

Members discussed all the issues in great length to understand and familiarize themselves with the issues. It was stated that there has been no improvement in structure at National/State level, set up of Nursing units in the last three years. Status and position of Nurses working in these positions is very low. There is no co-ordination between the various components of Nursing. All aspects of Nursing are also not looked-after by nurses. Nurses at these levels are hardly involved in policy planning level. There seems to be urgent need to strengthen these positions in order to improve the Nursing profession. Members further discussed the various types of Nursing Education Programme, i.e. General Nursing and Midwifery, A.N.M., and Multipurpose Health Workers Assistance, etc., and Graduate and Post-Graduate Nursing Personnel Programmes. The Joint Secretary, Vocational Education suggested that vocationalisation of Nursing should take place at the 10+2 level. The Tamil Nadu Government has done so, and the Central Government has agreed to this in Principal. There was discussion at great length as to the possibility of vocationalising Nursing in various schools. The consensus was that it would be difficult to give the practical training in Schools, which did not have full time clinical facilities for practical training.

It was also felt that +2 level, even if 70% is given for the vocation, would not be adequate for training. This whole aspect would be taken up under training of Nursing Personnel. At that

stage, one can devise the curriculum, so that training of Diploma Students would be considered as '+2', with whatever subjects needed to be added. This would enable the student to pursue either Graduate studies in Nursing, or in other disciplines.

The manpower requirements for Nursing are grossly inadequate for meeting the goal of Health for All by 2000, A.D.

As regards to Hospital Nursing Services, it was reported that nurse-bed norms suggested by Central Council of Health in 1968 have not yet been implemented in the country. The over-all ratio varies from 1 : 3 to 1 : 23 in some States. This ratio on different shifts becomes 1 : 40 to 1 : 100 at Night. Nurses are also burdened with all types of non-nursing functions. There are hardly any written policies and job descriptions for each category of Nursing personnel. The policy regarding promotions and deputations for higher studies are in non-existence. Seniority remains the criteria for promotion.

There is no planned continuing education programme in the country for Nurses.

Community Nursing Services

The Members were apprised that Community Nursing Services are provided by the ANM, LHV and District Public Health Services as per the pattern laid down by the Govt. of India, Working conditions for these personnel are very unsatisfactory. There is no safety and security for them.

Nursing Legislation

Indian Nursing Council which is an Act of Parliament sets the standards of Nursing Education. However, due to various administrative reasons, the implementation of standards is far from satisfactory. State Nursing Councils are registering and examining bodies. Functioning of these Councils also needs to be studied. Few States have started system of renewal of registration for practice.

It is also reported that there is no nurse practice act. Member-Secretary and the President of Indian Nursing Council reported that Indian Nursing Council Act is also under revision.

Plan of Action

The Chairperson stated that one of the purpose of first meeting is to prepare the action plan

The members discussed various strategies and it was agreed that :

(a) All States will be visited by the Committee Members in the groups of 2-3. Four-Five groups will be formed. Each group will visit number of States and hold meeting with State level officials, members of private organisations (dealing with nursing). Members will also visit specific districts, Primary Health Centres, Sub-Centres. The Members were requested to give their preferences for visits to the States and meeting representatives of various Agencies and Departments.

(b) Questionnaire to be developed with the help of local members covering all aspects of Nursing. After approval of this questionnaire by the Chairman it will be sent to all the State level Nurses, various Schools and Colleges of Nursing, Councils, etc.

(c) Information collected will be verified during visit.

(d) Meetings will be organised with other Officials/non-officials dealing with Nursing, e.g. W.H.O., T.N.A.I. community.

Members were advised to write to Member-Secretary for giving further suggestions.

Letters from T.N.A.I. and Indian Nursing Council

Member-Secretary read out the letters received from the TNAI and Indian Nursing Council. It was agreed that Member-Secretary writes to the Government for co-opting more nurse members. The T.A. and D.A. for these Nurses may be met by the Government, if needed.

Committee members were presented with further background material, i.e. copies of different syllabi, USAID Book on Nursing Education in India, Nursing Manpower requirements, Indian Nursing Council Act, etc. for their informations and further work. The meeting adjourned at 5.45 P.M. with a vote of thanks to the Chair.

DIRECTORATE GENERAL OF HEALTH SERVICES

Minutes of the 2nd meeting of the High Power Committee held on 29th & 30th December, 1987 at Nirman Bhavan, New Delhi.

The following members were present:

1. Dr. Mrs. Jyoti H. Trivedi—Chairperson;
2. Mr. C.P.B., Kurup—Member;

3. Mrs. H. Chabook—Member;
4. Mrs. Sarojini Varadappan—Member;
5. Mrs. R.K. Sood—Member-Secretary.]

The work done since the 1st meeting was reviewed. It was also felt that response to the Questionnaire has not been very satisfactory. The Committee members during these 2 days, met with Senior Nurses from different hospitals, Central/Delhi Administration, Municipal Corporation and also nurses from private hospitals, community senior nurses working in Colleges of Nursing and Schools. Committee members also met with Nurses from the Trained Nurses Association of India, Nurses Joint Action Committee, and Delhi Nurses' Federation. The total numbers of nurses who met the members of the High Powered Committee was about 80.

The members elicited views of the nurses on each term of Reference of the Committee. The views expressed by the Nurses were that:

Status of Nursing profession in India is still very low which is normally measured in terms of emoluments. Only the post of Nursing Superintendent in a hospital have the Gazetted status that also of Junior Class I Group 'A'. Majority of Nurses are categorised in the category of Group 'C' employees. They desired that post of Nursing Sister in the Hospital should have gazetted status with pay-scale minimum at the level of Junior Resident. Nurses also pointed out the status of Nursing Care is also a very unsatisfactory due to shortage of posts as per recommended norms.

A nurse can not do justice to her patients and profession when she is loaded with non-nursing functions like repair of furniture, counting of line and also when only one nurse is there at times to provide Nursing services to 100 patients in a ward. Lack of equipment, supplies both in rural and urban areas attribute further for lowering the standards of patient care.

In rural areas the provision of Nursing Care to families/community is hampered by lack of transport, housing and personal safety and security facilities. Many places where ANM is physically posted at the sub-centre but in actual practice is not living in the village due to lack of facilities.

The promotional avenues are very poor. A nurse may remain as a Staff Nurse (1st level Nurse) for 20 years. If ever she gets the next promotion there is hardly any financial gain. The Nurses also pointed out that there is a shortage of nurses in the country as per Indian Nursing

Council and Central Council of Health recommended norms. The training centres/Schools of Nursing are grossed inadequate poorly staffed funded. The nurses reported that there is hardly any school of Nursing which has a separate Budget, full teaching staff, teaching Block School of Nursing, even the functional autonomy to implement the syllabus is not there. Instances were quoted like over crowding of students in the hostels, community nursing experience not given as per orders from Chief Medical Officer even for Auxiliary Nursing Midwifery student. The nurses also stated that students be given student status and should not be utilised for staffing the hospital Nursing service. Senior Nurses also stated that although there are colleges of Nursing but none of them excepting college of Nursing, S.N.D.T. Bombay staff gets U.G.C. scales.

As regards Nursing structure at Central State/District level Nurses were of the opinion that at present the structures are very poor and very low in the Directorate at Central/State/District level. These nurses are hardly involved in planning and decision making in terms of nursing.

It was pointed out that there is also no coordination in Nursing personnel working at the Directorate level at the Centre as well in the States. On 30th December, The Regional Nursing Advisor from W.H.O. briefed the Committee regarding Nursing Structures, functions of different categories of Nursing Personnel in South-East Asia Region. She presented models of Thailand, Srilanka, Nepal, and Indonesia, etc. She highlighted how Thailand was able to meet the shortage of Nursing manpower by "District Nursing education programme" i.e. through Open University. She stressed that Nursing Staff can be updated with this method and also shortage can be met. Committee members planned visits to various States. During these visits members will hold meetings with Doctor/Nurses/Administrators and will visit hospitals, Primary Health Centres/Sub-centres, Schools and Colleges of Nursing.

DIRECTORATE GENERAL OF HEALTH SERVICES

Minutes of the 3rd Meeting of the High Power Committee on Nursing and Nursing Profession held on 20-3-1989 at the Committee Room 249, A Wing Nirman Bhavan, New Delhi

The members present were:

- (i) Smt. Sarojini Varadappan, Chairperson
- (ii) Smt. H. Chabook

- (iii) Shri C. P. B. Kurupi
- (iv) Dr. (Mrs.) Arati Kerketta
- (v) Smt. A. Mukhopadhyaya
- (vi) Dr. K.P. Mathur
- (vii) Miss J.P. Dhaulta, Assistant Secretary, TNAI,
- (viii) Mr. T. Dileep Kumar, Dy Nursing Advisor, D.G.H.S.

Mrs. R.K. Sood Member-Secretary, Nursing Advisor welcomed the new Chairperson Mrs. Sarojini Varaddapan. She reported that a new Chairperson has been appointed in February 1989 as Dr. Trivedi had written to Ministry desiring to resign.

Member-Secretary further desired that members may kindly review the tentative agenda and state if any addition/alteration are desired. Members approved the agenda for the meeting. Members were further requested to decide the schedules for the 2 days meetings, i.e., which items of the agenda item to be taken on 20th & 21st March, 1989. Member-Secretary reported the Secretary Health and other officials of the Ministry of Health/D.G.H.S. will meet with the members on 21st March, 1989 at 12.30 p.m. Members agreed to take up agenda item 1, 2, 3 on the first day and item 4, 5, 6, on the 2nd day.

1. Agenda item No. I:—Progress Report of the High Power Committee Work. Member-Secretary reported that since the 2nd meeting Questionnaire prepared was sent to all the states, Medical Colleges, District level hospitals, Schools of Nursing. Issues were also discussed by the Indian Nursing Council and the Trained Nurses' Association of India. A National Convention on all issues have also been held in August 1988 in which every state was asked to depute 10 Nursing personnel. The category of Nursing personnel included ANM, Nurses in the hospital, Tutors, Public Health Nurses, Lady Health Visitors and Nurses working at District and State level. Report and recommendations of the Convention are for consideration of the High Power Committee. Professional Associations, Trade Union of Nurses, Individual nurses have also sent their views. Member-Secretary reported that views of nursing attending various workshops have also been obtained on the issues under consideration of the High Powered Committee.

Agenda Item 2: Presentation of Information received from States/Nursing Councils Association:

Member-Secretary reported that only 13 States have returned the questionnaire. Infor-

mation received is presented as per terms and conditions of the High Power Committee.

Organisational Set-up

No State has a separate Directorate of Nursing. The position of the State level nurses is at the rank of Deputy Director/Assistant Director, etc. Number of Nurses working in the Directorate vary from one to 10 or 12. The best set up-to-date is of West Bengal. Some States have nurses working in community health & Hospital side separate with no coordination.

Manpower Development

All the 13 States have reported shortage of nursing personnel, improper/under utilisation of Nursing personnel. There is shortage in all areas i.e. Teachers of Nursing, Public Health Nurses and Staff Nursing personnel for hospital. Overall nurse bed ratio varies from 1: 8 to 1: 20.

Working Conditions

All the 13 States have replied and stated that promotional avenues for Nursing personnel are very poor. The working hours vary from 48–52 hours per week. States are also following "Shift Duty System" which means the nurses have to be in the hospital from 7 am to 7 pm etc. Lack of accommodation, Transportation and Safety and security in rural and District were highlighted.

Opportunities for higher education and continuing education are very limited. On hearing all the state report, Chairperson, invited comments from the members.

Dr. Mathur: suggested that all these issues relate to poor status of Nursing and Nursing personnel. There is need that status of Nursing in Directorates/Institutional level to be brought at a level where active participation of the nursing can be sought.

Mrs H. Chabook: President, Indian Nursing Council stated that the Indian Nursing Council is deeply pained at the functioning of State Nursing Councils and Schools of Nursing. She further stated that 90% of the schools have no budget and hence, it is not possible to take proper Nursing education. There is also mushroom growth of schools and colleges. No checks are being imposed by State/Centre. She stated that Indian Nursing Council will be presenting a detailed memorandum to High Power Committee for consideration.

Mrs. Kerketta: stated that nurses are not utilised according to their preparation.

Mr Kurup: stated that there is need to upgrade Nursing education and also stressed the need for Nursing Practice Act. She was of the opinion that Central Assistance is essential for improving the quality and quantity of nursing. She also mentioned career mobility and every Nursing College to adopt a sub-centre/P.H.C. for learning and participation of nurses in Primary Health Care.

Miss Dhaulta, Assistant Secretary, TNAI: stressed that working conditions of nurses need special attention. She stated that committee may consider creche, canteen and Apartment type accommodation facilities for Nurses. Policies regarding promotional avenues and career development be considered. Central Govt. may consider setting up of some norms/guidelines for all these issues.

Mr. T. Dileep Kumar, Dy. Nursing Advisor, Special invitee: highlighted the need for strengthening the community nursing set at Centre/State/District level. He stated that at present the community nursing component in the states is being looked after by the Doctors only. He suggested before finalising the report Committee members may have a meeting with State Health Secretaries.

Member-Secretary further reported that not all Nursing Councils have Nurse Registrars. Some Nursing Councils have not had meeting for years. She stated that requirements of Nursing for the 8th Plan have been worked out and submitted to working group set-up by Planning Committee. The requirements have been leased on Bajaj Committee Report. According to the calculation there is need to train 45,000 nurses per year. For this additional requirement of teachers, etc. would be required. Financial implications, etc. have also been presented to the Working groups. Chairperson appreciated the participation of the members and expressed that nursing in the country have not been given full support till date. It is essential that this profession be given rightful place. She stated that views of members will be fully considered by the Committee while framing the report.

Agenda Item 3: Recommendation of the National Convention of Nurses

Member-Secretary reported that a National Convention of Nurses was held on August 1988. It was agreed that recommendations of the Convention will be forwarded to the High Power Committee. Accordingly recommendations have been circulated to all Committee members.

Members discussed each recommendation at length and made observations. It was stated that working group of National Convention have done excellent work. The members further felt that recommendation need to put in concrete frame work. The committee will consider the recommendations, while framing the report and recommendation.

Agenda Item : 4 Formulation of future plan of action for completing the task by 30th June, 1989

The Chairperson stated that although much work has been done still it would be desirable if Committee members could visit some states. The programme of visits some states. The programme will include discussion with officials, visit to college/schools/District P.H.C.s and Sub-centres etc. Tentative Programme of visits to states is as follows :

State	Date	Members to visit
Group I Tamil Nadu	17th, 18th, 19th April, 1989	Chairperson Member-Secretary Mr. C.P.B. Kurup
Karnataka	20th, 21st, 22nd April, 1989	Mrs. H. Chabook
Group II Bihar	28th, 29th April, 1989	Chairperson Member-Secretary Mrs. Mukhopadhyaya
U.P.	1st, 2nd, 3rd May, 1989	
Group III West Bengal	8th, 9th May, 1989	Chairperson Member-Secretary
Assam & Meghalaya	10th, 11th, 12th May, 1989	Mrs A. Kerketta
Group IV Maharashtra	17th, 18th, 19th May, 1989	Chairperson Member-Secretary Mrs. H. Chabook Mr. C.P.B. Kurup.

Plan for visit:

First Day—meeting with Health Minister, Health Secretary, D.H.S., State level Nurse, President/Registrar of Council. Meeting with the members of representatives of the Association and Voluntary organisation, visit to the major state hospital, College and School of Nursing.

Second Day: Visit to ANM school, Primary Health Centre, Sub-Centre.

It was also decided that two state representatives Mrs. Kerketta and Mr Kurup to be paid from the Central funds for the visit and to also attend the meeting of the High Power Committee which is to be held in the month of June 1989.

The Member-Secretary will obtain necessary clearance from the Ministry. Letters will be sent at the level of Health Secretary followed by letters from Member-Secretary.

After visits meeting to be meeting to be organised from 5th to 10th June, 1989 at Delhi to draw up a format of the report meeting with officials of the Ministry of Health/DGHS before finalisation of the report.

Finalisation and submission of report by Chairperson to the Ministry by 30th June, 1989.

Agenda Item 5 Discussion with officials of Ministry of Health and Family Welfare/D.G.H.S.

Shri R. Srinivasan, Secretary, Health, Shri Dayal, Additional Secretary (H), Dr. Mrs. Ira Ray Addl. DG (M), met with the members of the High Power Committee. Chairperson apprised the officials regarding the work done and future plan of action. Secretary Health desired that members may consider the following issues:

1. State-wise/District-wise planning for nursing schools.
2. Career mobility for all categories with career development proposals.
3. Re-entry of nurses after a certain number of years.
4. Standardization of nursing activities, guidelines for job functions, recruitment rules, promotional avenues, etc.
5. Categories and levels of preparation of nursing personnel.

Members also brought out certain issues like legislation of Nursing Bureaus, Nursing Homes for consideration of the Secretary and members of the High Power Committee.

Secretary Health graciously agreed to work to States which the Committee has decided to visit for their support and cooperation during the visits.

2 days meeting adjourned with thanks to the Chair at 3 pm on 21-3-1989.

(Mrs.) Sarojini Varadappan, Mrs R.K. Sood
Chairperson Member-Secretary

High Powered Committee on Nurses and Nursing Profession High Powered Committee on Nurses & Nursing Profession

DIRECTORATE GENERAL OF HEALTH SERVICES

Minutes of the 4th meeting of the High Power Committee held on June 8, 9 and 10, 1989 at Nirman Bhavan, New Delhi

The following members were present:

- (1) Mrs. Sarojini Varadappan—Chairperson;
- (2) Mrs. R.K. Sood—Member-Secretary;
- (3) Mr. C.P.B. Kurup—Member;
- (4) Mrs H. Chabook—Member;
- (5) Major Gen. Miss B.K. Verma;
- (6) Mrs. A. Kerketta;
- (7) Dr. Mathur

Agenda Item I: Presentation of Minutes:

Mrs Sarojini Varadappan, Chairperson stated that Minutes of the meetings held on 20th and 21st March, 1989 were sent to all the Members. She requested the Members to confirm the Minutes. Mrs. H. Chabook stated that she had not received the Minutes. Chairperson requested the Member Secretary to read out the minutes. Minutes were read. Mrs Mukyopadhya stated that her suggestion regarding improving the District Hospitals in Bihar is to be incorporated.

Members proposed the Minutes as confirmed.

Agenda Item II Report on the Work done (Visit to States)

Chairperson apprised the members that as per plan of action all visits planned had been undertaken by the visiting Committee as per schedule. In this connection she highlighted and appreciated the contribution of members and State governments. Nurses in each state extended full cooperation. She expressed gratitude to the State government for providing all assistance, transport and hospitality to the members. She said the Committee met the concerned officials of Health Department, Associations, visited Schools and Colleges of Nursing, Primary Health Centres/Sub-centres.

Member-Secretary reported that she has written a report on one of the visit. Chairperson asked the Member-Secretary to read the report. The report prepared on Tamil Nadu visit and State profile on Maharashtra were read out and sought the comments from the members on the report.

Suggestions made:

1. State visit reports to be incorporated in a brief form on each state.
2. State profile to be tabulated.

Agenda Item III: Prepare draft outline of report

Member Secretary reported that after reading several reports she has drawn up a tentative format of the report. Outlines of various reports were read out. Members after considering these formats and brief reports on the State visits discussed the format of the report and other issues concerning Nursing profession and stated that—

Nursing has never been considered as a profession. This is observed from State visits and State profile.

1. There seems to be no improvement in the Status of nursing profession. It is always dealt as a para-medical component of medical profession.

2. No separate budgetary provision are made by any State for education or service component of nursing.

3. No reflection in the State plans on the development of nursing.

4. No policies of recruitment, training, in-service education.

5. The position is almost at a level of what has been stated in Shetty Committee report.

Members felt that the Government has to seriously look at this profession. It does not enjoy independent status in the Health Services.

The members agreed with that format with minor additions/alterations.

On 9th and 10th June, 1989 the programme of visit was finalised. Discussions with Secretary, Indian Nursing Council and Secretary-General of the Trained Nurses Association of India were held. Secretary-General, TNAI also presented a memorandum to the Committee.

A delegation of School Health Nurses from Delhi Administration and Municipal Corporation of Delhi also met the Committee members and presented a Memorandum of demands on behalf of School Health Nurses.

On 10th afternoon members reviewed the recommendations made by the National Convention of Nurses for inclusion in the recommendations of High Powered Committee.

A Questionnaire on Nursing Education and Nursing Services

Purpose : The purpose of this Questionnaire is to explore the existing conditions with regard to all aspects of nursing education and Nursing services in hospital and community

1. Name of the State : _____
2. Address of the Dte. : _____
3. Is there a separate Dte. of Nursing in the State _____ Yes _____ No _____
If no, are there any plans to establish a separate Directorate of nursing _____
4. Who is at present incharge of Nursing Education in the _____
Nurse/Others Doctor/Directorate
5. If, it is a Nurse what is her/his designation _____
6. Whom is she/he responsible _____
7. What are the qualifications are prescribed for this level post? _____ G.N.M./B Sc./M Sc./Others
8. What is mode of Recruitment to this post? _____ Recruit/Seniority/Merit cum/seniority/Direct Recruitment through Public Services Commission
9. List the function of this posts: (Attach job descriptions) _____
(Areas of function)
10. Does the State-level nurse participate in policy making/decision making with regard to :
 1. State Health Plans/Nursing needs _____ Yes _____ No
 2. Nurses Training plan of Expansion _____ Yes _____ No
 3. Nursing Services, including Community Nursing Service _____ Yes _____ No
 4. Any other responsibilities _____ Yes _____ No
11. Is she/he a member of the State Nurse Council _____ Yes _____ No
If yes what is her/his place in the Nursing Council _____ Yes _____ No
12. List any other information with regard to Nursing Cell at the State level
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____

Kindly furnish the following details with regard to Nursing manpower Available in the State

I. No. of posts available in the following categories of Nursing

Name of Organisation	Nursing/ Supdt. Matron	Dy./Asstt Nsg Supdt.	Sisters Health Nurses Ward Masters	Staff Nurse	Public Health Nurses	Lady Health Visitors	Auxiliary Nurse Mid-wife	Others like Distt P.H. Nurse, Regional, PHN
List No. of posts								
Non.Govt. (Pvt.)								
No. of posts Vacant (Govt.)								
No. of posts vacant (Pvt.)								

II. No. of Nurses being trained annually in the following categories

No. of Schools/Colleges	Courses offered	No. of Students under training	No. of Students quality	No. of students offered jobs.
GNM School	Govt. Muni Pvt. Mission			
ANM/H.W. Schools (female)	Govt. Muni. Pvt. Mission.			
LHV/Health Assist.				
College of Nursing.	Govt. Muni Pvt. Mission.			

III. Does Your State have one or more state nurses cadre?

(i) Please specify cadre :

(ii) How would you rate the Nursing manpower available with respect to the manpower needs in your state.

Category of Nsg. Personnel.	General Nurses	Nurse Teachers	ANM/HW	LMV/H. Supdt.	B.Sc./M.Sc. Nurses	Others
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13. What criteria do you use in estimating Nursing Manpower need. Please write this briefly?

14. Have you submitted your state requirement to the Higher authorities?

If yes, please attach a copy.

If No, state reason.

15. Is there unemployment in the state? Yes _____ No _____
 Categories of Nurses Unemployed.

16. List the major problems encountered in your state with regard to development of Nursing.

May use following writing a brief paragraph.

(a) Training including continuing Education.

(b) Employment.

(c) Posting

(d) Any other

17. Please attach a copy of your development plan for Nursing Education/Nursing Service in the State (7th Plan).

18. What is the status of Nursing in your state
 (Please supply information).

1. No. of nurses with gazetted ranks.

2. Pay scale of all categories of Nursing personnel.

3. R/Rules for all categories of posts.

19. Any other issue you wish to bring to the notice of the Committee.

20. (Ask specifically to nurse educators and users of Nursing care personnel).

21. Do you have adequate resources to run the course. Yes _____ No _____

Physical facilities

Class room

Offices

Demonstration room

Laboratory

Equipment

A.V. Aids

Books

Clerical Staff

Other supportive staff

Vehicles

Tutors

22. What is the minimum resources would you suggest for a school to impart sound training?

(a) Institutions

(b) Community Centres

(c) Concerned Govt. Deptt.

23. Is the clinical facilities adequate in the Hospital to impart the required training? Yes _____ No _____

24. Are the students upon for service? Yes _____ No _____

25. Do the students get adequate teaching suggestions/guidance in the Wards? Yes _____ No _____

26. What do you suggest in order to provide adequate clinical learning in the Hospital? Yes _____ No _____

27. Is the experience provided in the community adequate? Yes _____ No _____

28. Is the community experience supervised and guided? Yes _____ No _____

29. What do you suggest to provide a sound community health experience to students? Yes _____ No _____

30. Curriculum :

Do you think the present syllabus is adequate to contribute to the national health goal and purpose? Yes _____ No _____

31. If no, what would you suggest in the syllabus? _____
32. If yes, does the curriculum of your school, prepare the students towards _____ Yes _____ No
33. Does the curriculum prepare students to function adequately in all areas of hospital at the 1st level? _____ Yes _____ No
34. Does the curriculum prepare students to function adequately in the health team in the community at the 1st level? _____ Yes _____ No
35. Do you think the plan and strategies used in implementing the curriculum is adequately? _____ Yes _____ No
36. What would you suggest to improve the curriculum implementation? _____ Yes _____ No

ORGANISATION

37. What is the organisation pattern in the School?
38. Does the present organisation enhance the implementation of Curriculum effectively? _____ Yes _____ No
39. If so, what re organization would you suggest? _____ Yes _____ No
40. How the school programme is financed?
41. Do you think any changes is required in the financial control of the school programme? _____ Yes _____ No
42. If you, what would you suggest?

Staff

43. What is the present no. of tutors working in the school?
44. Is there any job descriptions of the tutors? _____ Yes _____ No
45. What roles and responsibilities would you suggest?
46. What emoluments and service evaluation would you suggest?

Students

47. What is the number of students admitted in a year?
48. What is the tutors student ratio at present?
49. If it is not adequate, what would you suggest?
50. If it is not adequate, what would you suggest?
51. If no, what would you suggest?
52. In view of the entrance requirement being the same for diploma and B.Sc. Nursing, is it necessary to offer the Diploma Programme? _____ Yes _____ No
53. If yes, what are the reasons?
54. What would you suggest to give student status in the Diploma Programme?
55. Do you think that abolition of stipend and students paying fees will improve education?
56. What types of course would you think will be suitable to meet the health needs in the hospital and community B.Sc. Nursing/ Diploma/ANM/Multipurpose?
57. What is your opinion with regard to employing the unemployed graduates for health care in hospital and community after giving a crash training programme?
58. What type of training would you suggest?
59. In view of the emphasis on vocationalisation, after the 10th would it be possible for the Nursing School to teach core subjects of the +2 levels and the respective board will conduct the examination. Simultaneously giving the programme which will give a Diploma, the total duration to be 4 years. After which the candidates would pursue higher studies through Distance Education or by joining a Colleges.

60. What are your suggestions for making the Nursing personnel competent to give promotive, curative, preventive and specialised care?
61. Give your opinion of the present Health Delivery System and its efficiency, specially in Rural Community.
62. What structure do you suggest for giving total Health care to achieve Health for all by 2000 A.D. ?
63. What linkages would you suggest between Education and health Organisations?

GENERAL NURSING CARE PERSONNEL

64. What emoluments and service conditions would you suggest?
65. Give job description of various categories and their qualifications.
66. Enumerate jobs presently done by the Nursing personnel which can be delegated to Para Nursing or Administrative Staff.
67. If these are not the responsibility of the Nursing personnel then give the Patient to Nurse Ratio.
68. Do you think the Para Nursing Personnel requires training? -----Yes -----No
69. Give reasons and suggest the type of training.
70. Do you think procedure and records can be simplified and rationalised? -----Yes -----No
If yes give how.
71. (Ask specifically to nurses in the hospitals) Name of the hospital: -----
72. Total number of nurses : -----
73. Distribution nurses : (mention the number) -----
in the office : -----
in the O.P.D. : -----
in the special units : -----
in ward : -----
nurse patient ratio in ward : -----
No. of nurses at a time : -----
74. Do you think the number of nurses and the appropriate nurse patient ratio for 24 hours coverage?
(a) in the ward : -----
(b) in a specialised unit : -----
75. What is the present working hours?
(a) for day duty : -----
(b) for night duty : -----
76. Do you have any suggestions with regard to the working hours?
77. Is your residence in the hospital premises or outside the hospital premises?
78. If your residence is not in the premise what facilities do you think will facilitate your work?
79. What are the levels of positions available in the hospital? (Tick what is appropriate)
Staff Nurse : -----
Ward Sister : -----
Assistant
matron : -----
Matron : -----
Any others : -----

80. What are the categories of nurses employed?
- ANM
Diploma
B.Sc.
Post basic B.Sc.
81. Do you think all these categories are essential in Hospital?
- What is the salary scale of Staff Nurse :
Ward Sister :
Asstt. Matron :
Matron :
82. What is the total emoluments of a beginning?
- Staff Nurse :
Ward Sister :
Asstt. Matron :
Matron :
83. Do you think the salary is appropriate to the job you perform? ----- Yes ----- No
84. If what would you suggest?
85. What other monetary benefits are available, travelling/bonus/medical/pension/provident fund?
86. What would you suggest further?
87. What are the leave benefits? Specify maternity/optional holidays/annual leave/casual leave/sick/lduty leave etc.
88. What would you suggest further?
89. Is there a job description for nurses at different level? ----- Yes ----- No
90. What would be the role of an ANM in a hospital?
91. What would be the role of a diploma nurse at staff level?
92. What should be the role of a B.Sc. nurse at staff level?
93. Do you think there should be difference in the salary scale of a beginning diploma, B.Sc. graduate? ----- Yes ----- No
94. If yes what would you suggest?
95. What do you consider about the facilities available for nurses to function effectively in the ward ?
- Physical facilities -----
Equipment and supplies -----
Clinical assistance -----
Class IV servants -----
96. What would you suggest, which will promote the functional capacity of nurses in the ward?
97. What would you suggest so that nurses continue to improve their knowledge to move from one level to the next ?
98. What are the promotional prospects of ;
- Staff nurses : -----
Ward Sister : -----
Asstt. Matron : -----
Matron : -----
99. What levels of positions in nursing would you suggest to provide more promotional opportunities?
100. What is the criteria for promotions from one level to the other?
101. What would you suggest?

102. How much freedom and authority the matron has to decide upon matters pertaining to nurses and nursing?
103. On what matters pertaining to nurses the matrons should have authority specify?
104. Is there any Policy pertaining to maintenance of nursing standard?
105. If no, what policies would you like to frame?
106. How much involvement matron has today in the overall planning of the hospital programme, specify?
(eg hospitals committee purchase committee)
107. What more would you suggest to ensure the matron's involvement in the hospital system?
108. To what extent nurses are included as a team member in the hospital?
109. What is the organisation pattern of nursing service in the hospital?
110. What reorganisation would you suggest?
111. Is there any appraisal system, reward, incentive in nursing service?
112. What would you suggest with regard to appraisal and motivation of nurses?

Guidelines for Presentation of State Profile

Name of the State : _____

Address of the Secretariate/Directorate : _____

Population Station : _____

Population _____

Sex Ratio _____

Density _____

Urban _____

Population _____

Vital Statistic : _____

Birth Rate : _____

Death Rate : _____

IMR _____

I. ORGANIZATIONAL SET-UP

1. Is there a separate Directorate of Nursing in your State? Yes/No.
2. If yes, what is the composition planned for the Directorate?

Sl. No.	Designation	No. of posts	Pay Scale	Qualification/Experience for the post	Functioning attach job description.
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3. If 'No'

- (a) Are there any proposal of plan to establish a separate Nursing Directorate?
- (b) Is there a separate Cell in the Directorate for Nursing Services.

Yes/No
If 'No,'

— More
— Less

4. If there is no separate Directorate or separate Cell for Nursing Services, who at present is the Incharge of Nursing Services at the Directorate.

Doctor/Nurse/Other (specific)

- a) If it is a Nurse, give the following particulars :

Designation	Who she/he is responsible (attach organizational chart)	Qualifications and experience required for the post	Mode of recruitment	Function attach job description
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5. Does the State Level nurse participate in policy/decision making in regard to :
- (a) State Health Plan Nursing needs Yes/No
- (b) Nursing Training plan & experience Yes/No
- (c) Nursing Service including Community Health Nursing Service Yes/No
6. Is she/he a member of the State Nursing Council Yes/No
- (a) If 'Yes' what is her/his place in the Nursing Council.
7. Is there a separate budgetary head for Nursing in your State? Yes/No
- (a) If 'Yes' what percentage of health budget is allocated for Nursing?
- (b) If 'No' under which head the expenditure for Nursing is met?

II. NURSING MANPOWER DEVELOPMENT

1. No. of sanctioned beds in the State (Govt.)

2. No. of posts available in the following categories of Nursing personnel

No. of
sanctioned
post (Govt.)

Vacant posts
(Govt.)

No. of
sanctioned
post (private
non-Govt.)

3. No. of Nurses being trained annually in the following categories

GNM School Govt.
Municipality
Pvt. Mission

ANM (FHW)
Schools Govt.
(Female) Municipality
Pvt. Mission

LHV/H.alth
Assistant

College of B.Sc. Govt.
Nursing Municipality
M.Sc. Pvt. Mission

5. Total Nurses in the State.

- (a) % employed in group A status
- (b) % employed in group B status
- (c) % employed in group C status
- (d) % employed in group D status

6. What is the organization pattern in the School of Nursing?
7. Do you think any change is required in organisation? If 'Yes' give reasons for change and suggestions for improvement.
8. Do you think that the facilities available for training/education (including continuing education) of nursing personnel is adequate in your State? Yes/No
9. If 'No' specify the inadequacies
- Teaching staff:
 - Physical facilities
 - Clinical facilities
 - Hospital:
 - Community:
 - Accommodation?
 - Transport
 - Library
 - Budget
 - Any other (specify)
10. Do you think the present Syllabi are to contribute to the national health goal and purpose? Yes/No
11. If 'No' what would you suggest in the syllabus?
12. List the major problems encountered in your State in regard to development of Nursing. May use following writing a brief paragraph.
- Training including continuing education.
 - Employment
 - Posting/Transfer
 - Any other
13. Please attach a copy of your development plan for Nursing Education/Nursing Service in the State (7th Plan)

III. STAFFING PATTERN & STAFFING NORMS

1. What are the different cadres of Nursing personnel employed at present in the hospitals in the State. Nursing Superintendent/Dy. Nsg. Superintendent Departmental Sister/Ward Sister/Head Nurse/Staff Nurse/A.N.M. Any other (specify).
2. Do you suggest any other cadre of Nursing personnel in your set-up to provide better nursing service.
3. Type of Nursing personnel suited for Regional & Community Nursing Services.
- | Hospital | Community |
|----------|------------|
| B.Sc. | B.Sc. |
| G.N.M. | G.N.M. |
| A.N.M. | A.N.M. |
| N. Aids | Dais, etc. |
4. What staffing norms, do you suggest in the following (keeping in view of needs and resources of our records)
- Nurses/patient ratio
 - Nurse/population ratio
 - Nurse/Doctor ratio
 - ANM/FHW population ratio

IV. WORKING CONDITIONS AND STATUS

1. What is the present work load of Staff Nurse?
 - (a) Nature of duty hours———Continuous/Split duty?
 - (b) Working hours———/Wk.
 - (c) Working day Night duty———/Nights per month
Working day Evening duty———/Evening per month.
Working day Morning duty———/Morning per month
 - (d) Leave———/Year
2. Do you have any suggestions in regard to working hours of Nursing personnel.
3. Is the present working conditions of the Nursing satisfactory? Yes/N
4. What are the existing pattern/facilities present in relation to :
 - (a) Salary & allowances
 - (b) Occupational health protection
 - (c) Accommodation
 - (d) Transport
 - (e) Promotional avenues
 - (f) Career development (higher studies + Continuing Education)
 - (g) Any other, specify.
5. It is said that nurses are hesitant to work in the rural areas.
Give suggestions for attracting nurses to work in the rural areas.
6. Give suggestions for improving the present working conditions
 - Hospital
 - Community
7. Give suggestions for improving the status of Nursing personnel
8. What would you suggest to give student status in the Diploma programme?
9. What are the existing pattern present in relation to :
 - (a) Working of student nurse
 - (b) Stipend
 - (c) Protection of Health
 - (d) Recreation.

FIELD VISIT

Visit to Tamil Nadu

Institutions visited

Offices

Secretariat of Health & Family Welfare, Directorate of Health and Family Welfare Services, Madras General Hospital, Madras, College of Nursing, Madras, School of Nursing attached to Madras Medical College, Government Stanley Hospital and School of Nursing, Madras, Primary Health Center, Porurpur, Tamil Nadu Nurses and Midwives' Registration Council.

Officials & Personnel Met

Minister of Health & Family Welfare, Secretary of Health, Director of Medical Education & Research, Assistant Director of Nursing, Dean, Medical College and Medical Superintendent, Madras General Hospital, Principal College of Nursing, Officials and members of various associations, Registrar and Vice President of Nursing Council, Medical Superintendent and Nursing Staff of Stanley Hospital, Staff of Primary Health Center, District Public Health Nurses and other Nursing, personnel of Primary Health Center, i.e. Lady Health Visitors' and Auxiliary Nurse Midwives.

Visits to Directorate of Health Services

Additional Director, Medical Education and Assistant Director of Nursing coordinated during all visits and discussions. Director of Medical Education & Research gave a brief account of the set-up of the Office of the Directorate of Health Services. She explained that there are 10 Directors dealing with various aspects of Health and Family Welfare who are directly responsible to Secretary, Health & Family Welfare. These Directors are assisted for their work by officials of the rank of Additional Directors and Joint Directors, etc. As regards Nursing there is at present only one post of the rank of Assistant Director, Nursing who is responsible to Director of Medical Education & Research and Director, Medical Services. She works in two offices, as per the responsibilities assigned to her. However, the Assistant Director, Nursing is neither involved in any policy matter nor in decision making. She works just as an Assistant to put up files to the concerned officers.

Director, Medical Education & Research apprised the members about the status of Nursing in the state. It was learnt that 2 posts of Nurses of the rank of Deputy Director, Nursing have been created but have not been filled up so far. She further stated that the overall nurse-bed ratio in the State is 1:8. She highlighted the problems of unauthorized absences and lack of devotion of duty. It was observed that the State is still observing split-shift duty system in the hospitals; promotions are given only on seniority basis; and no policies exist for study leave or provision of opportunities for higher education.

Meetings with the Associations

The Committee met the officials and representatives of various Associations. Each Association presented a Memorandum. Practically, all the Associations discussed the need for better working conditions, improvement in the norms, i.e. Nurse-bed ratio as per the recommendations of the Indian Nursing Council, student status for student nurses, involvement of Nursing Superintendent in policy and decision making, shortage of teaching staff in the Schools and Colleges of Nursing. Lack of teaching facilities in terms of library, equipment and supplies, separate budget for Schools of Nursing. Great concern was expressed over the implementation of revised General Nursing Midwifery syllabus, non-availability of transport facilities for Community Nursing personnel and accommodation in rural areas. All members of the various associations further stressed the need for family accommodation for nurses near the place of their work, time bound promotions and opportunities for higher education on deputation.

Visit to Government General Hospital, Madras

The Dean, Madras Medical College, briefed the Members of the Committee about the hospital. Government General Hospital, Madras has a sanctioned strength of 1999 beds. The sanctioned Nursing staff for the hospital is : 419 Staff Nurses; 29 Nursing Supervisors; 7 Nursing Superintendents Gr.II; 1 Nursing Superintendent; Gr. I. There are 360 Nursing students in the School of Nursing attached to this hospital with 13 Nursing Tutors for the School. The overall

nurse bed ratio is 1:5. However, after assignment of Nursing personnel to various departments the ratio comes to 1:8. The Nursing staff are given 6 days off in a month. Staff nurses perform night duty for one month at a time whereas the Head Nurse performs duty for 15 nights at a time. In a year nearly 2 months night duty is performed by the Nursing staff. Approximately 50-60 Nursing staff is available for night duty at a time for whole hospital.

Visit to Certain Wards

Visit to certain Wards revealed that for a 65-bedded wards there are only 2 nurses for morning, one for evening and one for night shift. It is observed that even first year Nursing students were working in the Intensive Care Unit. Such observations reveal that in actual practice the nurse-bed ratio varies from 1:30 in the day shift to 1:65 in the evening and 1:130 in the night shift (at times only student nurse is available between two wards). The observation leads to the assessment that quality of Nursing care provided is beyond any imagination. There is acute shortage of supplies and equipment required to provide Nursing care which was very obvious during the visit. It was learnt that it is a common practice to ask the patients to buy medicines, etc. needed for care. Presence and participation of relatives in the wards is very obvious.

Visit to Govt. Stanley Hospital Madras

This is one of the teaching hospital in the State with 1021 beds. The strength of Nursing staff in this Hospital is slightly better. There are 291 sanctioned posts of Staff Nurses (12 posts were lying vacant at the time of visit). There are 39, Nursing Supervisors; 3 Nursing Superintendents Gr. II and one Nursing Superintendent, Gr. I. The Hospital also has a School of Nursing without provision for Midwifery training.

During the visit to Hand Plastic Surgery ward, it was observed that with the initiative of the Head the unit the working condition of the ward was very impressive. The unit is neat and clean, well maintained, adequate supplies and equipment are available, in-service education programmes for all categories of Nursing personnel are arranged. The main highlights of the unit were community participation and self-efficiency (self-contained unit.)

Visit to College of Nursing and School of Nursing, Madras Medical College, Hospital

The College of Nursing is under the administrative control of the Dean of the Medical College. The College is housed on one side of the Nurses'

Hostel opposite Madras Medical College. The College is conducting Basic and Post-Basic B. Sc. Nursing programmes. During the visit it was observed that the College does not have any good class-room and other teaching facilities. The Library has no proper seating arrangements, text books and Journals are not available. The teaching staff does not meet the requirements of the Indian Nursing Council. Hostel accommodation for students is very poor (8-10 students are staying in one room without study table, and proper light arrangement, and toilet facilities are quite inadequate).

School of Nursing

Similar situations as in the College of Nursing were observed in the School of Nursing also. Messing facilities and the food served to the students are quite inadequate and the food served cannot be considered nutritious. Students are utilized fully for service. The Committee observed that students are alone during night duty and have to manage 2-3 wards at a time.

Visit to Primary Health Centre

A Primary Health Centre covers a population of 1 lakh, and is having under it 4 Primary Health Centres. Out of 4 centres 3 Primary Health Centres are functioning. Each Primary Health Centre will have 6 Sub-Centres. During the visit discussions were held with the Medical Officers, Lady Health Visitors' and Auxiliary Nurse Midwives. It was observed that there is a post of Public Health Nurse at the Primary Health Centre level.

Discussions with District Public Health Nurses

During the discussion with the Public Health Nurses, it was learnt that the District Public Health Nurse is responsible for 14 main Primary Health Centres, 22 additional Primary Health Centres and 325 Sub-Centres. She is expected to supervise 62 Lady Health Visitors' and 309 Female Health Workers (ANMs).

The District Public Health Nurse stated that she can hardly visit a Sub-Centre in a year. She can visit a Primary Health Centre at most once a month. During a week only thrice she can go on visits outside the headquarters.

The Committee observed that a District Public Health Nurse spends about 10-11 hours for travel during her visit.

The working conditions did not provide for a place for night halt (she has to make her own arrangement.) There is no facility for payment

of proper travelling allowances and travel bills are not paid for a year some times. No travelling allowance is paid if a night halt is made. The District Public Health Nurse suggested that there is need to Clarify her position in the organizational set-up, with regard to proper working facilities at the District level such as office accommodation, etc. There should be provision for accommodation when they have to halt in the rural areas.

Visit to Tamil Nadu Nurses' & Midwives' Registration Council

The Director of Medical Education is the ex-officio President of the Council. The Vice President is elected from among the members. The Council consists of 28 members out of which 18 are nurses. The Vice President apprised the Committee members that the relevant Act is under amendment. It is proposed in the amendment that the President of the Council should also be elected. The Vice President of the Council expressed concern over the opening of new Colleges of Nursing in the State without obtaining the permission of the Council. Many times pressures are exerted for the recognition of these colleges. The Vice President also stressed the need for separate budgets for the Schools of Nursing, defined policies for admission to the nursing courses, students status, renewal of registration, and continuing education. He stressed that every nurse must undertake a Refresher Course atleast once in 5 years. Each Council should be given a budget for its activities by the government.

Discussion with the Hon'ble Minister of Health

The Chairperson apprised the Hon'ble Minister about the visits to various institutions in the State. The Chairperson stressed the need for creation of more nursing posts, straight shift duty, priority for providing accommodation and policies for in-service education. The Hon'ble Minister stated that there is shortage of funds and nursing falls at the IV rank among the Health professional categories, i.e. Medical, Dental, Physiotherapists and paramedical personnel.

Major Suggestions Made to the Hon'ble Minister

1. Creation of more Nursing posts in the hospitals to improve patient care.
2. Involvement of Nurses in policy and decision making.
3. Strengthening of Schools of Nursing with separate budget, library, teaching, equipment and supplies and adequate teaching staff.
4. Shorter working hours, i.e. straight shift in the hospitals.

5. Accommodations for Nurses near to the place of work to provide better patient care.

6. Opportunities for promotional avenues after every 8-10 years. Time scale facility to be adopted.

7. Uniformity in Pay scales and allowances.

8. Opportunities for higher studies and Refresher Courses.

9. Creation of separate Directorate of Nursing and all matters related to Nurses, Hospital Nursing Services, Community Nursing Services and Nursing Education to be under one Nursing head.

10. Renewal of registration and strengthening the Madras Nurses' and Midwives' Council.

11. One Health Supervisor for 3 ANMs for effective supervision.

Visit to Karnataka State

Institutions Visited

Offices

Directorate of Health Services, College of Nursing, Victoria Hospital, Bangalore, Vani Vilas Hospital, Bangalore, St. Martha's Hospital, Bangalore, Schools of Nursing, Primary Health Centre (Kanakapura) and the Sub-centre, office of Senior Assistant Director, Nursing, Karnataka Nursing Council.

Personnel Met

Director of Health Services, Senior Asstt. Director, Nursing, Principal, College of Nursing and Staff of the College, Medical Superintendent, Nursing Superintendent of Hospitals, Tutors of Schools of Nursing, Registrar, Nursing Council, officials and Members of the Association's District Public Health Nurses, Staff of P.H.C., Lady Health Visitors' ANMs, etc. During the visit to Directorate of Health Services the Senior Assistant Director, Nursing, coordinated all the meetings and discussions.

The School of Nursing

School of Nursing is attached to Victoria Hospital. There were 174 students. Nursing staff included are Principal and 8 Tutors. All Tutors were qualified. The school is temporarily housed in one of the floors of the College of Nursing. The School neither has a School Building nor a budget for the school, library and other facilities. It was found that the Principal's office was well

kept and records were well maintained. There was shortage of library books. Students were sent to Primary Health Centre for a one month's Community Health Nursing experience. For Hospital experience students are sent to the Victoria Hospital.

Victoria Hospital

Bed strength : 765:187 Staff Nurses, 45 up-graded Staff Nurses, 21 Nursing Superintendents, Gr. II, and 4 Nursing Superintendents, Gr. I, were in their respective positions.

On the visit to 2 wards, it was observed that Wards were clean and well maintained. The average distribution of Nursing staff for 35-40 beds is 2 staff Nurses for the day and one for the night. The Nursing staff is very short. At times there is one student nurse in between 2 wards. Nurses get an average of 113 days' leave, days off, casual leave, etc. Presence of relatives was noted everywhere to supplement the patient care.

A similar situation was observed in other hospitals.

College of Nursing, Bangalore

The College is headed by the Principal who is directly responsible to the Director, Medical Education. The college has its own building. Academic control is with the Bangalore University. College has annual budget of Rs. 20-21 lakhs, with only Rs.15,000 for the Library budget. The College has a Basic B.Sc. Nursing programme with an intake of 35 students of which 5 seats are reserved for male students, 5 for WHO. The College also conducts the Post Basic degree of two years with an intake of 30 students (5 WHO, 5 non-government candidates, 16 nurses, 4 LHV's qualified as nurses), admissions are strictly on merit and seniority for Post Basic B.Sc. programme. The Faculty consists of Principal, 4 professors, 5 Assistant Professors, 5 Lecturers in Nursing, 1 Lecturer in English, 1 Lecturer in Psychology and 4 clinical instructors. Services of external lecturers are also utilized. The College has a good library, good facilities of class-rooms and offices, etc. for the teaching staff. The College has its own policy manual. The College also acts as a resource centre for the States and assists in various refresher courses, etc.

College of Nursing uses various field areas for clinical experience of their students in urban areas. However, being the only college in the State it needs augmentation of supplies and equipment. The library especially needs more Journals. The College needs to fully observe the staffing pattern as per norms of the Indian Nursing Council. It was learnt that the college

has not yet been recognized by the Indian Nursing Council.

The College has plans to start Post-graduate programme in Nursing.

Visit to St. Maratha's Hospital School of Nursing

This is a private institution. The School was very well maintained. It has good library, good class rooms and proper hostel accommodation, etc. Results of the School are excellent. It was observed that the hospital is also well maintained and has enough equipment and supplies.

Visit to Primry Health Centre, Kanakapura

Population covered	89,169
Nursing Staff	
LHV	3
Staff Nurses	4
ANMS	22

1 ANM covers 5,000 population

Discussions were held with the District Public Health Nursing Supervisor posted at District Bagalore.

In Karnataka 2 District Public Health Nursing Supervisors are posted in each district. The District Public Health Nursing Supervisor stated that she has in all about 496 Nursing personnel to supervise. She is expected to travel on 20 days in a month. Mostly the travel is done by buses. At times she gets the transport. She is also expected to make 10 night halts in a month, other wise she would lose her TA. She explained that every ANM has to travel on foot, 8-10 kms per day. Major problems highlighted were: the lack of facilities, non-payment of TA in time, lack of status of District Public Health Nurse and other Nursing personnel at the District level.

Meeting with Senior Asstt. Director Nursing & Visit to Karnataka Nursing Council

Senior Assistant Director, Nursing has no proper office. One cannot even imagine how he can concentrate on the work in the existing accommodation. He has no clerical assistance. He is responsible for all aspects of Nursing excluding the Community Nursing. He is not involved in any policy making and planning etc. Status in the organizational set-up is very low. This type of designation is not given to any other officer except for Nursing. As regards Karnataka Nursing Council there is no office for the Council. Only one clerk is responsible for all the work. The elections have not been held for years.

Meeting with Director of Health Services

The Director of Health Services was very Supportive for the development of Nursing in the State. He said that a separate Directorate of Nursing with the senior most position equal to any Director has been agreed upon. This Directorate will have one Director, 1 Joint Director and three Deputy Directors. All aspects of Nursing will be under the direct control of this Directorate. Director of Health Services also supported the need for creation of more posts, introduction of straight shift duty and strengthening of the State Nursing Council. He desired the Committee to consider vocationalisation of the ANM course, increase the period of training of Health Supervisors' course to a minimum of 1 year, policies regarding continuing education and other incentives for nurses working in the rural areas.

Visit to Bihar

Institutions Visited

Offices

Secretariat of Health and Family Welfare, Directorate of Health and Family Welfare Services, School of Nursing attached to Patna Medical College and Hospital, Holy Family Hospital, Khurji and School of Nursing, Primary Health Center, Mana ANM School Patna City and the Bihar Nurses' Registration Council.

Officials and Personnel Met

Minister of Health and Family Welfare, Secretary of Health, Director of Health Services, Director of Medical Education, Superintendent of Nursing Services, Teachers of ANM/GNM schools, Medical staff in the hospitals, Primary Health Centres, Registrar of Bihar Nurses Council, officials and members of various Nursing, associations, Principal of College of Nursing, Ranchi, Nurses from Dharbanga district, GNM/ANM/LHV students. The Superintendent of Nursing Services coordinated the visit and discussions.

Meeting with Secretary Health and officials of Directorate

The Chairperson apprised the officials regarding the objectives of the visit.

Secretary, Health and Director-in-Chief and Addl. Director highlighted the shortage of nurses in the State, the need for improvement in working conditions and accommodation facilities. It was pointed out that the nurse-bed ratio in the State is 1:6. Average bed occupancy

is 75%. The State has 9 Schools of Nursing attached to Medical Colleges, 1 LHV School and 32 ANM schools with intake (1984) of 120 and 2800 students respectively. The Nursing personnel get selection grade after 10 years (called junior super scale). The nurses work in split duty, i.e., 8 hours a day and 12 hours of night duty. The Secretary, Health suggested that Central assistance on the pattern of Assistance provided for ANM School/sub-Centres is essential for the development of Nursing in the State.

Visit to School of Nursing attached to Patna Medical College and Hospital

During the visit to School of Nursing it was observed that after 1987 there has been no admission in School as 2 batches of students are waiting for employment. There are at present 274 students and 8 Nursing Tutors. It was pointed out that the admission are not done regularly (no first year at present). Many times selections are done without any test, interviews etc. The irregularities in selection of students was causing a major concern. Even married girls are admitted. The issue of take certificates are rampant. School has a budget of 6 lacs for the salary and stipend. No budgetary provision toward library and a sum of Rs. 10,000/- is available towards misc. The budget is operated by the Medical Superintendent. An inspection of the School premises showed big but poor class rooms, no proper black boards no lights, no teaching and audio-visual equipments, and no proper library facilities. The building in which the School is housed is mostly occupied by married nurses living with their families. The environment was not conducive for the teaching-learning process. According to Tutors there has a deterioration in the functioning of the School during the last ten years.

Visit to the Hostel

Eight to ten students are staying in one room. Students also cook in their rooms. There are no study tables, etc. Dining halls give a deserted look since students carry food to their rooms. The hostel was full of cobwebs and dirt. Maintenance of bathrooms is not upto the mark.

Visit to the Hospital (Indira Gandhi Casualty Department)

There are 100 beds in the unit with 36 sanctioned personnel on the Nursing staff, of whom 23 staff were in position. In spite of the best efforts the hygienic condition of the unit and the working condition of equipments, etc., were below the minimum norms for providing standard patient care.

Meeting with Professional Associations and Nurses

About 200 nurses were present. Each Association presented its problems and submitted a Memorandum. The problems highlighted were lack of accommodation, lack of promotional avenues, increase in stipend, etc. Nurses from Darbhanga Medical College made a special request to visit Dharbanga to see the poor working conditions there. The Principal, College of Nursing, Ranchi, mentioned that the College of Nursing is expected to run 3 courses, viz, Post basic B.Sc. nursing, Diploma in Nursing Education and Diploma in Public Health Nursing. The College has neither the requisite staff nor equipment to run these courses. She specifically mentioned that a new building has been built for the College but no boundary wall is provided, no admissions have been done for any courses. The College is not yet recognized by the Indian Nursing Council. Nurses in general pointed out that there were no policies for promotion, and there was lack of incentives for higher studies leading to poor image of the Nursing profession in the State.

Holy Family Hospital, Khurji

This is one of the best Schools in the State. Students are admitted from all over India. The Principal highlighted the problems in holding timely examinations by the Bihar Nurses' Registration Council.

Visit to Primary Health Center (Manor) :

Population covered - 1,70,256 (one block)

No. of Sub-centres - 16

1 ANM covers a population of 10,000-12,000

All the members of the staff are staying in rented houses.

The Primary Health Centre has no boundary wall, no indoor beds. It was learnt that deliveries are conducted on the floor. The Centre did not have any equipment or system of supplies. The deep freezer provided by UNICEF was not in working order. It is felt that no service is provided by the Centre. 2 ANMs present on duty could not explain what their duties and responsibilities were.

Meeting with District Public Health Nurse

The District Public Health Nurse stated that she is posted in Panta District but has no place to sit with an office. She is expected to travel 20 days in a month. There is no provision for halts, no transport, no fixed TA. The requisite status is not given to her with the result she is

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not able to supervise the FW services in the District.

ANMs School, Patna City

There are 320 students—16-20 students are staying in one room. The School has a new building with very poor maintenance. Only 2 bathrooms and toilets are in working order. Students are not getting the required rural practical experience. Supplies and equipments are very old. The stipend of Rs. 125/- is inadequate. There is one Principal Tutor and 11 Tutors and Public Health Nurses. 120 Health Visitors and students also share these hostel and teaching facilities. It was felt that with the type of preparation the students, after completing the course, will not be able to provide qualitative service in the rural areas.

Visit to Nurses' Registration Council

The Bihar Nurses' Registration Council has not revised their Act after 1947. The Director of Health Services is the Council's President. The new syllabus has not been implemented. Due to an irregular admission, pressure, is exerted on the Registrar to admit students for examination who have not completed their period of training. The Registrar also mentioned the issue of fake Council certificates for which an enquiry is being held. Renewal of registration has not yet been started.

Meeting with the Health Minister

The Committee members apprised the Minister regarding shortage of nurses, poor working conditions, unemployed nurses, etc. The Minister was of the opinion that there is need for Central assistance for development of Nursing in the State. He however, assured all possible means to solve day-do-day problems faced by nurses in the State.

Visit to Uttar Pradesh

Institutions Visited

Offices

Secretariat of Health and Family Welfare, Directorate of Health Services, G. M. & Associated Hospitals, School of Nursing attached to GM & Associated Hospitals, Balrampur Hospital and School of Nursing, Dufferin Hospital, LLR Hospital, College of Nursing, Kanpur, ANM School/LHV School.

Personnel Met :

Secretary, Health, officials of the Directorate of Health Services, Addl. Director, Director, Incharge ANM Training, Deputy Director, Nursing, Principal Tutors, Schools of Nursing, Prin-

cipal, Staff College of Nursing, Medical Superintendent and other Nursing staff, officials and members of the Association, Staff of Primary Health Centres.

Visits and discussions were coordinated by Additional Director, Medical Care and Deputy Director, Nursing :

Visit to G M & Associated Hospital

Bed Strength	1543	Extra beds	400
Nursing Staff			
Senior Matron	1		
Matron	1		
Asstt. Matrons	3		
O.T. Supervisor	3		
Sisters	85		
Staff Nurses	229		

Visit to the Orthopaedic Ward

Bed strength: 50 Staff Sister: 1; and Staff nurses: 3. There is no place for a Duty Room in the ward. A bench in the corner with a torn cover was what constituted the duty station. Acute shortage of Nursing staff was observed. The indent book showed non-availability of drugs and supplies. It was understood that patients have to buy all the medicines themselves.

Emergency and Major Operation Theaters and Minor Operation Theaters

20 beds. Nursing staff available is 1. Ward Sister, 7 Staff Nurses. The Nursing staff was not able to meet all the requirements of emergency cases due to the shortage of staff, supplies and equipments. It was pointed out that many times doctors bring their private patients and, therefore, Nursing care in the wards is poor. Nursing staff gets 5 days or 8 nights off in a month. No compensation is given for holidays. Nursing staff gets medical leave equivalent to a duration of one year throughout the service period. The uniform allowance is Rs. 500/- on joining the duty and Rs. 100/- per year. The washing allowance is Rs. 20/- per month.

School of Nursing

The Principal Tutor informed that there have been no admissions. There are 4 unqualified Tutors in the School. The School has the whole accounts Department which creates a lot of problems for students. There is no building for the school. The hostel facilities were most unsatisfactory. The dining hall wore a deserted look. Many students and staff cook in their own rooms. Stipend given is not enough. Students are used for service. At times classes cannot be conducted due to demands of the service in the hospital.

Balrampur Hospital (School of Nursing)

The hospital has better facilities as it is used for VIP care. The hostel built for the students is new. There were good toilets and bathroom facilities.

Dufferin Hospital

It is an exclusive hospital for women ('A' type with non-teaching). Students are sent there for midwifery training. The Superintendent-in-Chief was very keen that nurses be trained in Neonatology. She expressed the need for extra staff for labour room, operation theatre, Post operative wards and private wards.

ANM Training Centre

There are 46 ANM Training Centres. ANM/LHV training is under the Director, Family Welfare. The ANM School had all the teaching aids, supplied by the Central Government. Excepting posts of Principal Nursing Officers all other posts are sanctioned. The training programme is well conducted. However, the rural field experience is not enough. The duration of the training of ANM should be increased to two years, ANM should be provided more of field orientation.

Meeting with Association Officials

Members of various Associations highlighted the shortage of nurses, lack of facilities, non-involvement of nurses in any matter of policy, lack of facilities in the hospitals and hostels for married nurses. Members stressed the need for a duty room, a retiring room for nurses coming from outside, creche facilities for 24 hours and gazetted ranks for nurses.

Visit to LLR Hospital, Kanpur

Number of beds: 1055. Number of Nursing Staff in position: 49 Nursing Sisters and 107 Staff Nurses. The nurse-bed ratio varies from 1:30 to 1:60. There are three doctors to 1 nurse. There is acute shortage of supplies and equipment. The Medical Superintendent stressed the need for more nurses, especially for leave reserve, residential accommodation for nurses, and a retiring room for nurses. Visit to 4 wards indicated shortage of staff, equipment, etc., for providing basic Nursing care.

School of Nursing

There are 201 students, 8 general Tutors and 4 Public Health Nurses. Students are not provided Community Nursing experience as per requirements. The stipend amount of Rs. 200/- is inadequate.

College of Nursing, Karipur

Conducts Post-Basic B.Sc. Nursing course. College has its own teaching block and hostel. It has good library, equipment and supplies. The Principal is working on an adhoc basis for a long time. Faculty members during discussions highlighted lack of promotional opportunities, no provision for higher studies on deputation.

Recommendations

Various senior nurses and officials of the Association made strong recommendations for a separate Directorate of Nursing. Independent Schools with a separate budget, improvement in norms for patient care, straight shift duty, facilities like creche, retiring room, cafeteria, family accommodation and no sex discrimination in promotions. Members also suggested creating a cadre of clinical nurses for improving the quality of patient care.

Visit to Primary Health Centre, Kokri (Block level)

There are three Primary Health Centres. The Primary Health Center building, equipment and supplies were well maintained. A sub-center was visited where ANM was living in a rented house. Maintenance of records and the use of equipment did not reveal that the sub-center is not functioning properly. The beds which were supplied were lying unused.

Meeting with the Health Secretary

The Health Secretary was apprised about the visits, meetings. He was further told about the vacant posts (senior) ad-hoc appointments, unqualified teachers and lack of library facilities. The Secretary, Health, expressed the feelings that Nursing is a badly neglected field in the State. Members expressed deep concern over the stoppage of admission in Schools of Nursing on one hand and acute shortage of nurses on the other. The Secretary instructed the officers concerned to look into it.

Visit to West Bengal

Institutions Visited

Offices

Secretariat of Health and Family Welfare, Directorate of Health Services, Barasat Sub-divisional Hospital and ANM School, Ashok Nagar State General Hospital, Health Supervisor, School, Primary Health Center Administrative Block, N. R. Sarkar Hospital and General Nursing and Midwifery School and West Bengal Nursing Council.

Officials and Personnel Met

Minister of Health and Family Welfare, Secretary of Health, Director, Health Services and Director, Medical Education, Deputy Director, Nursing and Nursing Officer in the Directorate, Principal, College of Nursing and Faculty, College of Nursing, Registrar, West-Bengal Nursing Council, Medical Superintendent, Tutors in the hospitals.

The visits and discussions were coordinated by Deputy Director, Nursing.

Sub Divisional Hospital, Barasat

The Hospital has an ANM school attached to it. The Hospital has 312 beds. 60 ANM students are admitted at a time. There are 7 members of the Staff (3 Public Health Nurses, 3 Tutors and one Principal Nursing Officer). The post of Principal Nursing Officer is not filled so far. At the time of the visit there were no students. It was learnt that students are sent for 12 weeks' field experience in Community Nursing to Primary Health Center, AMDANA. The students are also sent to another PHC called MADMGRAM. In the second Primary Health Centre there are no residential facilities. The selection of the students is done by the Sabhapati at the Local level. A Representative of the Zila Parishad, Principal Nursing Officer and one representative from the office of the Directorate of Health Services participate in the meeting. Only unmarried girls are taken. The failed candidates appear at their own expense.

Budget

There is money for contingency and PLO but all is controlled by the Medical Superintendent. Even the vehicle provided for the School is 90% utilized for hospital and other work.

Hostel facilities

5 students share one room and for 12 student there is one bath room. The Hostel has no fan or proper light. In the dining hall no chairs were seen.

Class Room and Teaching Facilities

Class rooms were spacious but the teaching equipments, library, etc., were not adequate.

The whole hospital complex including the students hostel has no boundary wall. There is no chowkidar for the girls' hostel, hence the problems of safety and security are present.

Visit to the Hospital : For a 300 bed hospital the following Nursing staff is sanctioned :

Nursing Superintendent	1
Deputy Nsg. Supdt.	1
Matron	1
Ward Sister	7
Staff Nurses	25
ANM	34

It was reported that seniority being the criteria for promotion at times promotions are made from personnel who cannot even write a note.

The hospital was over-crowded, 2-3 patients were found on one bed. There was evidence of shortage of supplies and equipment (no bed sheets on the beds).

Ashok Nagar State General Hospital (24 parganas North)

Total beds: 30, occupancy: only 18. The Nursing staff includes 1 Deputy Nursing Superintendent, 4 General Nurses and 9 ANMS. A Health Supervisors' School with 40 students is attached to this Hospital. The working conditions in the hospital were poor whereas there was adequate supply of equipments, physical facilities, etc. in the school building. The School has 5 teachers. The students and teachers have to use private buses for field work. There was no family accommodation for the teachers.

Primary Health Center, Amdana Block

Population covered: 10,55,81 with 82 villages, 24 sub-centers, 3 subsidiary health centres, 15 indoor beds. Each ANM covers 5,000 population as per norms one female health supervisor supervise 6 ANMs. i.e., 30,000 population. There are 2 Public Health Nurses (one for Primary Health Center and a second one for family welfare work). The Public Health Nurses are not staying at the Primary Health Center. The working hours for indoor wards are 7 am to 1 pm, 1 pm to 8 pm and 8 pm to 7 am (3 shifts, night being 11 hrs). The summer field duty hours are 7 am to 3 pm and during winter these are 8 am to 4 pm.

The Nursing staff enjoys all gazetted holidays. The ANMS are given a fixed TA of Rs. 40/- per month and Rs. 20/- as rural allowance.

Sub-Centres

A visit to the sub-centres revealed that living and working conditions of the sub-centres were very poor. There is one small broken room on the roadside in which the sub-center is functioning. The ANM was not staying there.

N. R. Sarkar Hospital and General Nursing & Midwifery School

Number of beds 1800 (Medical College Hospital)

Sanctioned Nursing Hospital School of Staff Nursing

Nsg. Suptdt. Gr. I	Total students	204
Ny. Nsg. Suptdt.	3	Senior Tutor
Sisters	25	Sister Tutor
Staff Nurses	322	(No student in final year)
Gr. III (Nursing in service ANM/50 seats)		

Nurse-bed ratio including all categories of nurses, i.e., Tutors, etc., is 1:5.

Working Hours	3 Shifts	7am - 2 pm
		2 pm - 8 pm
		8 pm - 7 am night duty every 4-5 weeks for 5 days at a time.

Nurses get weekly day off. 14 days casual leave, earned leave for 30 days, half-pay leave for 20 days in a year. Maternity and abortion leave etc., as per rules.

There is provision of 10% Leave Reserve Staff.

Visit to the Wards

The wards were crowded with patients, 2-3 lying on one bed. The bed has only Mackintosh (no bed sheet).

The system of employing unqualified persons of Nursing care by relatives was in existence. School of Nursing is under the administrative control of the Nursing Superintendent. There is no budget. The library facilities were deplorable. The books were of 1970, 1960. There were no other teaching aids etc. Students get a stipend of Rs. 300/- per month. In West Bengal the students are on the service role of the West Bengal Nursing Service from the first day of their joining.

The facilities for Community Nursing were inadequate due to lack of accommodation and transport facilities.

Meeting with officials of Health Ministry

Secretary Health, Director of Health Services, Director of Medical Education. All the officials were of the opinion that the Nursing profession has been neglected for long. In West Bengal there is acute shortage of nurses. The Committee

was requested to consider regarding non-residential courses and university pay-scale for Colleges of Nursing.

Meeting with the Health Minister

The Chairperson highlighted the shortage of nurses. The Hon'ble Minister stated that efforts are being made to improve the nurse-bed ratio of 1 : 4. The State proposes to utilize the existing ANM Schools for training of additional nurses. Hon'ble Health Minister apprised the members that one Public Health Nurse will also be posted in each Primary Health Centre. He stressed the importance of management committees at all levels involving the Panchayats and mobility among health professionals for effective discharge of their duty in the Primary Health Centres/Sub-Centres. The Minister also stressed the need for Central assistance for the development of Nursing.

Meeting with Staff of West Bengal Nursing Council and College of Nursing

During the visit to the West Bengal Nursing Council it was observed that physical facilities for a proper functioning of the Council are inadequate. The Council has also proposed an amendment for the Act. The annual budget of the Council is Rs. 3.5 lakh. The Council has a Nurse Registrar and Assistant Registrar. The council holds 4 meetings in a year and emergency meetings are held as and when required. The Council also conducts refresher courses/workshops for Tutors on various aspects of Nursing education. Council members also reported that 6 months promotional training is not enough for Health Supervisor, therefore, the minimum period should be one year.

Clinical Establishment Act to control the practice of Nursing by unqualified candidates.

Meeting with Officials of Association

The members of different professional Associations and Unions, during the discussions, highlighted the problems of shortage of nurses, lack of promotional opportunities, lack of supplies and equipment, safety and security in rural/urban areas, practice of Nursing by unqualified nurses.

Office of the Deputy Director (Nursing)

West Bengal is the only State where all aspects of the Nursing profession i.e., Hospital Nursing Services, Community Nursing Services, Nursing Education, Continuing Education and the Administration of State cadre of Nursing is under the control of the Deputy Director, Nursing. She is assisted by two Assistant Directors, Nursing

and 11 Deputy Assistant Directors. Nursing A post of Joint Director, Nursing, has also been created.

Visit to Assam

Institutions Visited :

Offices

Secretariat of Health & Family Welfare, Directorate of Health Services, Guwahati Medical College, School of Nursing, Regional College of Nursing Guwahati, Sonapur Primary Health Centre, Assam Nursing Council.

Officials and Personnel Met

Secretary, Health, Additional Director, Health Services, Medical Superintendent, Nursing Superintendent, Tutors, Guwahati Medical College Hospital and School of Nursing Tutor, ANM School, Principal and Faculty, Regional College of Nursing and Students (B.Sc.) Medical Officers, ANMs posted at the Public Health Centre.

The Visits and discussions were coordinated by Deputy Supdt., Nursing, Services and Mrs A. Kerketta, Member, High Power Committee and Principal, Regional College of Nursing, Guwahati.

Primary Health Centre, Sonapur (Dimaria Block)

Population covered 118 lakhs—674 sq. meter area.

There are 31 Sub-Centres—27 under Family Welfare, 4 under health; only 10 sub-centres are functioning.

(This Public Health Centre is used as Research Centre for Falciform Malaria).

The population covered by one sub-centre is 5,000 in the plains areas and 3,000 in hilly tribal areas. 6 ANMs present at the Primary Centre stated that they have to do most of their work travelling on foot. They find it difficult even to carry the vaccine carrier due to difficulties of the hilly area. There are no medicines available at the sub-centres. Most of the ANMs were aware of their job functions. They are also able to conduct some home deliveries but still many deliveries are conducted by trained/untrained Dais. Many ANMs have passed 12th grade. There are no quarters at sub-centres, some sub-centres have water logging for 6 month's a year. There is no kerosene oil even for sterilization of equipment and supplies. On observation of the Primary Health Centre set-up it was felt that beds, labour room and other equipments

and supplies are hardly used. 3 Doctors present there stressed the need for more Doctors at the Public Health Centre level.

Guwahati Medical College and Hospital

Number of beds	1200	Occupancy	100%
Nursing Staff	Staff for ANM and GNMSchool		
Matron	2	Principal Tutor	1
Asstt. Matron	2	Sister Tutor	9
Sister	35	Students GN	93
Staff Nurse	176	ANM (First year)	32
ANM	8		

On an average the nurse-bed ratio on the wards varies from 1 to 50 to 60 patients.

Days off; 4 Nursing personnel get 1 day off per week.

The wards looked clean. Supplies and equipment were fairly good.

Visit to the School of Nursing

The School had enough accommodation for class room and the Hostel. Supply and equipment (teaching) adequate due to UNICEF Assistance and Central assistance for ANM school. Library facilities not adequate. General Nursing School has not implemented new syllabus.

The students are sent to Primary Health Centre, Sonapur for Community Nursing experience. Necessary accommonation for students is available. Nursing Superintendent was not aware of the budgetary allocation for the School or Nursing services. Promotions are only by seniority.

Regional College of Nursing

The College caters to the North-East region and is under the administrative control of North East Council. There are 50 sanctioned seats for B.Sc. Nursing. The College has a budget of Rs. 17 lakh. One floor of the Medical College is given to the College of Nursing for class rooms and office accommodation of the staff. The class rooms, etc., are adequate. The College has a good library, students hostel and residential quarters (family) for the staff. There is one Principal, 2 Professors (1 non-Nursing —Psychology) 5 Lecturers in Nursing, 17 part-time staff, 8 Tutors and 4 Demonstrators. A new College building is under construction.

Meeting with Officials of Directorate of Health Services

The Additional Director-in-charge mentioned that Nursing services in the State need a lot of

improvement. A committee has been formed by the State government. According to her even the present ANM programme does not prepare ANMs for Community. A Board in the State is also viewing the syllabus. She asked the Committee to consider cause for ANM to work on the hospitals.

Meeting with the Associations

Members with the officials and members of the various associations brought out problems like no promotional opportunities, no confirmation in time, no safety and security while on duty even in the hospital (Staff Nurse was killed), no family quarters, no policies for higher education. Members mentioned that some senior nurses are also deprived of messing allowance and uniform allowance. They also pointed out that in some District Hospitals (Dhubri) students nurses sleep on the floor there is no equipment and supplies. They suggested the need for norms for field and hospital work, minimum nursing students for patient care, promotions based on merit-cum-seniority and separate Directorate of Nursing.

Meeting with the Health Secretary and Minister of Health

Hon'ble Health Minister apprised the members that the norms for Community Nursing services are not applicable in Assam due to hilly and tribal areas. There is acute shortage of all categories of Nursing personnel. He stated that at the peripheral level it is essential to provide minimum basic facilities for work i.e. accommodation are relaxation should be upto 30 years. proper equipment and supplies.

Minister of Health expressed special concerned about the placement of B.Sc. nurses. He said the Committee must give serious view on placement of B.Sc. graduate as many of them in the State are not willing to take up positions of Staff Nurses or Public Health Nurses. These nurses have been demanding a special care. They are also not willing to wear Nursing uniform.

Assam Nursing Council

The Deputy Superintendent of Nursing Services is also the Registrar of the Nursing Council. She said it is not possible for her to carry on the activities of the Council. There have been no elections for the Nursing Council for a long time. Examination, Registration, etc. are not done in time. She stressed the need for separating the Council from the office of the Deputy Superintendent, Nursing Services.

Visit to Meghalaya

Institutions Visited

Secretariat of Health and Family Welfare, Directorate of Health Services Civil Hospital, Shillong, and General Nursing and Midwifery School, Ganesh Das Hospital.

Officials and Personnel met

Minister of Health and Family Welfare, Special Secretary, Health, Director of Health Services, Additional Director, Health Services, Deputy Director, Nursing, Medical Superintendent, Nursing Superintendent, Tutors, School of Nursing, Officials and Members of the Association.

The visit was coordinated by a Tutor and Secretary Meghalaya Branch of the Trained Nurses Association of India, Mrs. A. Kerketta, Member, High Power Committee.

Civil Hospital, and School of Nursing, Shillong

Number of beds	—400	Number of students sanctioned	30
Nursing Staff	—Matron	1 present only	
	Asstt Matron	1	
	Ward Sister	20	
	Staff Nurses	73	

The Hospital was very clean. Several wards that were visited showed cleanliness no shortage of supplies and equipment (adequate bed linen, counterpane on beds, observed only in Meghalaya). A ward of 42 beds had 2 Sisters, 4 Staff Nurses and 2 students. Split duty i.e. 7 am—10.30 am and 3 pm—7 pm during the day (alternate day) and 7 pm to 7 am at night. The night duty of 15 days duration. After about 2 1/2 months, the Nursing staff gets 6 days off in a month; 40 days' leave if accumulated; if compensated, the compensation is equivalent to one month's salary.

School of Nursing

There were only 16 students in the School. It was learnt that candidates with 12th passed with science are not willing to join Nursing as better educational opportunities are available for them. There were only two class-rooms and one Tutor. Few cupboards with books, etc., seen in one room.

Meeting with Trained Nurses Association

Being 12th May (Nurses' Day) Nurses of Meghalaya had organized a week's programme on "School Health Services and Role of Nurses". The function was inaugurated by the

Secretary of the State. Members of the High Power Committee and many senior officers Ministry of Health and DGHS attended the function.

Later, members of the High Power Committee had discussions with the nurses on nursing issues. Major demands of the officials and members nurses' Associations were separate Directorate of Nursing, more nurses as per norms and incentives for higher studies. Nurses also desired that the State should have a separate Nursing Council and a College of Nursing.

Ganesh Das Hospital and School of Nursing

Both GNM and ANM courses are run in the Hospital. There were 54 Nursing students and 24 ANM students. There were only one Tutor and one Midwifery Tutor for GNM School and 1 Principal Nursing Officer, 2 General Midwifery Tutors and 3 Public Health Nurses in ANM School. The School and the hospital were well maintained. The school has no separate budget or Library facilities. 14 Students stay in a Dormitory type accommodation but it is well maintained.

Nurses stated that there is a lot of difficulty in providing Community Nurses experience due to lack of transport facilities and accommodation at the Primary Health Centre. Sub-Centres' buildings are not constructed and in fact no ANM is staying at the Sub-Centres. It is stated that targets of work are unrealistic for tribal and hilly areas of Meghalaya.

Meeting with the Health Minister and Special Secretary, Director of Health Services

The Hon'ble Minister mentioned that there is shortage of nurses. Tribal students are not willing to join Nursing with 12th standard passed qualification. Admission standards should be lowered by the Indian Nursing Council for tribal areas. She also expressed the need for more Central assistance for development of Nursing in the State including setting up a College of Nursing and State Nursing Council.

Visit to Maharashtra

Institutions Visited

Secretariat of Health and Family Welfare, Director of Health Services, J.J. Group of Hospital and School of Nursing, Institute of Nursing Education, Cama and Alibless Hospital and ANM School, District Hospital Thane, Primary Health Center, Tokawada, Rural Hospital Muward, District Training Centre, Maharashtra Nursing Council.

Officials and Personnel Met

Secretary, Health Secretary, Public Health Director of Health Services, Superintendent of Nursing Services, Assistant Director, Nursing (PH), Nursing Superintendent, Tutors, Schools of Nursing, Principal and Faculty of Institutes, District and Primary Health Offices, President, Registrar and Executive Committee members, Maharashtra Nursing Council.

The visit was coordinated by the Superintendent of Nursing Services and Asstt. Director Nursing, Public Health.

Superintendent, Nursing Services, works under the Directorate of Medical Education and Research whereas the ADHS (Nursing) works under the Director of Health Services. Superintendent of Nursing Services is the Cadre controlling authority and is responsible for Nursing service and Schools of Nursing attached to Medical Colleges and Hospitals whereas the ADHS (Nursing) deals with training of ANMs, Health Supervisors and Schools of Nursing attached to District level hospitals. There is no official coordination between both these categories of Nursing personnel. Both the senior nurses in the Directorate reported that many senior posts of nurses, i.e. of the Matron's level are lying vacant.

Meetings with Special Secretary and Secretary, Health and Director of Health Services

All the senior officers mentioned the need for more staff for supervisory positions. When they were told that on the Health side admissions to the General Nursing course are stopped, whereas there is overall shortage of nurses, members were offered the explanation that due to financial constraints more posts are not created and State has surplus nurses. The State is even in the process of closing down the ANM Schools as there are sufficient number of ANMs available. The State is making use of some of the Nursing Schools for completing step-ladder/sandwich type of ANM course. Officials were also of the opinion that the Role of nurses is not well understood. The Nurse is only associated with the hospital work. The Central Government must clarify the role and functions of nurses. Non-nursing duties should be taken away from nurses. Officials were also of the opinion that the Central Government must share the development programme for Nursing personnel.

J.J. Group of Hospitals and School of Nursing

This is one of the biggest and oldest hospitals having a Medical College and a School of Nursing.

The Hospital has superspeciality services. The bed strength of the hospital is 1339.

Nursing Staff sanctioned :

Matron	1
Asstt. Matron	2
Sister Tutor	14
Nursing Supervisor	3 (only 69 on duty)
P.H. Sister	4
Paediatric Nsg. Sister	5
Staff Nurses	571 (only 396 on duty)
Actual ratio 1 : 4.5	

The Nursing Superintendent informed that there is no special sanction of nurses for various departments. The hospital has no central sterile department. A visit was made to the Intensive Care Unit and the Neurology Ward and it was observed that there is one Nurse Sister, 3 Staff Nurses on duty during the morning shift, 2 Staff Nurses for evening and 1 Staff Nurse for night shift, which means at day time there is a ratio of 1:10, in the evening 1:15 and at night 1:30 in the intensive care unit.

School of Nursing

Number of students: 481. Tutors: 14. It was observed that the physical accommodation in the School and hostel was good. The School is not having a library and special teaching equipments, etc. There is no separate budget for the School. The Nursing Superintendent and tutors stated that due to the revised syllabus, there is need for more Nursing staff in the hospital and the School of Nursing. It was learnt that the present Nursing personnel are not able to spend much time in the clinics as they have a lot of teaching and other work. Schools of Nursing are called Training Colleges of Nursing. The actual College of Nursing is called as Institute of Nursing Education.

Visit to the Institute of Nursing Education

Institute of Nursing Education is the only Institute in the State offering Post Basic B.Sc. Nursing. The Institute has one Principal, 3 Professors, 4 Lecturers, and 7 Clinical Instructors. For the last five years 4 senior posts are lying vacant. The class-room library and other facilities are adequate. The library's annual budget is Rs. 25,000/-. The Institute's building is very old. Permanent affiliation by University is not given. The Institute also trains 15 nurses in Paediatric Nursing (The only course available in the country). Even the post of Paediatric Nurses are seen only in Maharashtra State. The Institute has made a proposal for starting B.Sc. Nursing and Master of Nursing courses.

The Principal, College of Nursing made a suggestion regarding special Nursing courses like Industrial Nursing, School Health Nursing, Oncology Nursing to be started at the regional level. She emphasized the role of School Health Nurses. She further said there is provision of deputation of 2 nurses only for the Master of Nursing. The candidates are deputed to the College of Nursing in Bombay (SNDT University). She stressed the need for upgrading Schools of Nursing attached to the Medical College to the degree level.

Cama and Albless Hospital

It is a hospital for mothers and children. The facilities are being used for midwifery training for General Nursing. It is reported that the full Central grant is not given to the State, (30 to 40% not given). Even teachers are not paid TA and DA. All budget provisions for building an Annex at the PHC level for accommodation of students is diverted. The Nurses and Tutors present stressed the need for 2 posts at the District level as there are about 60 PHC in each District to supervise. Tutors also expressed the difficulty with dual administration, i.e., cadre control by the Superintendent of Nursing Services and Placement at District Hospitals under the supervision of ADHS (Nursing).

Nursing members highlighted the non-involvement of nurses in policy making and no proper career development opportunities. They further stressed the need for a part time attendant for ANM and more teaching aids in the Schools of Nursing.

Visit to Thane District.

The District Health Officer stated that there are 456 ANMs, 54 LHVs and 95 Nurses widwives working in 72 Primary Health Centres in the District. Each Primary Health Center covers a 30,000 population in the plains and 20,000 in tribal areas. In tribal areas an ANM looks after a 3,000 population.

The District Hospital/School of Nursing

The School has not admitted candidates for General Nursing. The facilities are used for completing step-ladder course of ANM. The teaching staff present was adequate (Physical facilities were adequate, however, the School has only a yearly budget of Rs. 500 for the library).

Primary Health Centre, Tokewade (Tribal area)

Health Centre has 6 beds. The Centre was functioning well. (Being an important District, a jeep has been provided.)

Rural Hospital (Moorwad)

It has 30 beds; one Nursing Sister and 6 Staff Nurses. On observation only 4-5 beds were occupied. There are no accommodation facilities for Nursing personnel, hence most of them commute from Bombay. In this rural hospital patients are not given Diet. As per the Medical Officer, the average attendance at the OPD is 70-80 patients, 2-3 lectures are conducted every day. It was felt that there is a need to look into the staffing pattern.

District Training Team

For continuing education of Health personnel working in the rural areas, the state has a district team training centre. At the time of the visit 30 ANMs were under going training in Community Information Education for 10 days. The training covers all aspects of health. The Committee members felt such continuing education facilities should be extended to Health side also. During the visit to the District, nurses from other hospitals were met who are working in Mental Hospital etc. The Nursing Superintendent of the hospital stated that there are 1850 patients in the hospital with only 13 trained Psychiatric Nurses and 64 General Nurses and 13 Nursing Sisters. The working conditions in the hospital are appalling. During discussions nurses highlighted the need for a Nursing policy.

Meeting With the Association

Maharashtra has a very strong Nurses Association. The officials and members of the Association stressed the need for improving the nurse-bed ratio, time bound promotion, facilities for family accommodation, need for continuing education for Nursing personnel, reduction in duty hours, special ratio for special wards, Rest room for night staff, creation of part time jobs for nurses and allowing 20% leave reserve.

Meeting with the Director of Medical Education

In the absence of Director of Medical Education, the Joint Director Dental; held discussions with the Committee members. The Director, Employees' State Insurance Scheme, and Director, Ayurveda, were also present. The Joint Director expressed the need to have inservice education in Dentistry and for nurses work-

The nurses are qualified Public Health Nurses, either B.Sc. or with Diploma in Public Health Nursing. There are about 200 of them working in Schools. Each nurse as a population (school children) of 5,000-6,000. The Committee heard with interest the functions of Public Health Nurse in School Health Programme (special area of Community Health) and was of the view that

such a scheme should be extended to all the States.

These nurses stated that they have no promotional opportunities and the Committee may consider Zonal/Regional School Health Nursing Officer and Deputy Director, School Health Nursing, as is the case with the doctors.

*Memorandum Submitted to the High Powered Committee on Nursing and Nursing Profession***Name of the Associations**

The Trained Nurses Association of India
Headquarters: L-17 Green Park, New Delhi-16.

Assam

1. Assam State Branch, Trained Nurses' Association of India;
2. All Assam Graduate Nurses' Association;
3. Faculty in Regional College of Nursing (Suggestions mainly on Nursing Education)
4. All Assam Nurses' Association;
5. All Assam Nurses' Service Association.

Bihar

1. Bihar State Branch, The Trained Nurses' Association of India.

Delhi

1. Delhi Nurses' Federation
(Questionnaire mainly based on Nursing Education)

Gujarat

Gujarat State Branch, The Trained Nurses' Association of India.

Karnataka

1. Karnatak State Branch, The Trained Nurses' Association of India;
2. Karnataka State Public Health Nurses Association;
3. Government Nurses' Association;
4. Teachers' Association;
5. Govt. Non-graduate Nurses' Association;
6. The Karnataka Govt. Graduate Nurses' Association.

Tamil Nadu

1. College of Nursing, Vellore.
2. The Tamil Nadu Govt. Nursing College Teachers' Association.
3. Tamil Nadu Govt. Nurses' Association.
4. Nursing Tutors' Association.

Madhya Pradesh

M.P. State Branch, The Trained Nurses' Association of India.

Maharashtra

1. Maharashtra State Branch, Trained Nurses' Association of India;
2. Maharashtra Govt. Nurses Federation.

Meghalaya

Meghalaya Branch, The Trained Nurses' Association of India.

Uttar Pradesh

1. U.P. State Branch, The Trained Nurses' Association of India.

Note:— The High Power Committee invited various Nurses' Associations and Unions in the country to submit their grievances and memoranda for the consideration of the Committee. The memorandum submitted by the Trained Nurses' Association of India being the National level organization of Nurses in the country is given as a sample. As the memoranda submitted by the State and unit level organizations contains similar issues concerning Nursing Services, Education and Community Health. These have been included in the abridged form by highlighting the salient points.

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SECTION I

MEMORANDUM SUBMITTED TO THE HIGH POWER COMMITTEE ON NURSES AND NURSING PROFESSION BY THE TRAINED NURSES' ASSOCIATION OF INDIA ON BEHALF OF NURSES IN INDIA

The Trained Nurses' Association of India believes that good health is a fundamental right of every person and that it is the responsibility of the health care professions, including Nursing, to provide the kind of health care which will give each individual in the society every opportunity to achieve optimum health.

Nursing personnel, as front-line health care providers working directly with individuals, their families and their community, play an important and vital role in the national health care delivery system. Their role and significance has grown immensely with the introduction of the primary health care approach in the context of the Alma Ata Declaration on 'Health for All by 2000 AD'.

Dr. Halfdan Mahler, the former Director-General of World Health Organization, recognising the potential contribution of nurses to primary health care, hailed nurses as the "powerhouse of change". Undoubtedly, nurses as such represent the greatest reservoir of undeveloped/underdeveloped leadership potential in the overall health care system in the country. This potential remains yet to be fully exploited to maximize their meaningful utilization. Presently, there is a maldistribution and malutilization of the existing personnel.

Nursing personnel form a major portion of the health manpower. Nursing has permeated into the entire health system to assist an individual in those activities which contribute to attainment, sustenance and restoration of health at any point of his or her life cycle within the home, school, workplace, hospital or in the community at large.

The Health Survey and Development Committee Report commonly known as Bhore Committee had recommended (1946) norms for a balanced health manpower development for independent India. It gave a high priority to the developing of the Nursing profession for hospitals, community health, industrial health, maternal and child health, etc. It recommended separate non-recurring and recurring budgets for its development through five year plans under the

head of professional education. But the hard fact is that the budget continue to remain under medical education and para-medical training and no separate budget under the head 'professional education' for Nursing has been created. The Nursing profession has been kept as a para-medical profession. Relatively, little attention has been paid to an appropriate manpower planning, production and management of Nursing manpower. Nursing is thus left far behind for want of its share of the budget, inspite of its being proved "vital for any health system" as stated by WHO.

Though Nursing has a major role in the execution of health policies and strategies in three major professional areas, namely, Nursing Administration, Nursing Education and Nursing Service.

Recognising the need for improvement in the conditions of work and life of Nursing personnel and also taking into account the prevailing situation of the Nursing Profession in the country the Trained Nurses' Association of India has pleasure in submitting its proposals in the following pages. It is earnestly hoped that the High Power Committee will give due consideration to these proposals and recommend urgent remedial measures to improve its health care delivery system of which Nursing is a vital part.

Policy Concerning Nursing Service and Nursing Personnel

Presently there exists no policy, much less any uniform policy, concerning Nursing Service and Nursing personnel in the country. More or less there are left to the individual States and institutions. Recruitment rules vary from State to State and the same is true in regard to their job description and job specifications. In most of the instances nurses are not even aware of them. However, some of the norms laid down by the Central Council of Health (1968) and Indian Nursing Council (1947) are in operation but they are mostly confined to training institutions. There are one nurse for three patients in teaching hospitals and one nurse for five patients in non-teaching hospitals. In most of

the States students are also reckoned within the above ratio and thus Nursing norms in practice vary from State to State and institution to institution, i.e. 1:3 to 1:20 or so. In the night and evening shifts one nurse has to look after as many as 100 patients. In many places, a student nurse is left alone in one or more wards. It is, therefore, essential to develop an appropriate policy concerning Nursing Service establishment and a rational Nursing Personnel structure whereby qualified nurses and auxiliary Nursing personnel are assigned clearly defined areas of work to match their competence providing an appropriate placement of the personnel in the overall structure. This system will provide for uniform norms of employment of nurses in the various establishments, areas and sectors. The present system of substituting Nursing personnel for roles performed by personnel of higher categories should be avoided. If, in case of an emergency, any such appointment is made, it should be provisional and on the condition that they are imparted adequate training or experience and are given appropriate compensation.

It has been observed that throughout their career nurses remain without confirmation on ad-hoc appointments especially on many senior posts. There are instances where nurses have to forego promotion because of the protracted ad-hoc appointment system. These posts either remain unfilled or occupied by non-nurses. Therefore, the confirmation process should be streamlined so as to ensure that confirmation on a post takes place after 3 to 5 years of work. Such a system does exist in some states, namely, Gujarat and West Bengal.

Development of a definite policy on Nursing Service and Nursing personnel would also remove many of the ills existing in Nursing establishments and provide basic standards to be observed by all for a safe and effective Nursing care. Nurses strongly demand a uniform Nursing cadre throughout the country.

These policies should also take into account the necessary budgetary provision and technical support and material resources.

There should be a continuous programming of Nursing Service at all levels of health programming. Development of scientific system of Nursing care, manpower requirement and staffing norms needs urgent attention. The decision about the bases of Nursing team compositions, effective utilization of the existing staff and a representation of nurses in the joint consultative machinery evolved by the government are some vital issues. Such policies should take into consideration the main areas of Nursing, viz., Administration of Nursing Service in the hospital and community settings, Nursing Education, research and development in the field of Nursing.

Budget Allocations for Nursing

Unlike other health care services Nursing Service has no separate budget provisions except for the salaries. Nursing care requirement and even training institutions are managed from hospital contingencies. Nursing Superintendents and Tutors incharge of the Schools of Nursing have no drawing or disbursing power. Financial allocation even from the contingency is diverted to services other than Nursing Service/Nursing School. Under such a situation even the least expensive, albeit essential, items for Nursing care are not available in the hospitals. If there is any cut in the hospital budget it is at the cost of Nursing. Nursing care gets so much overstretched that consumers are deprived of even the minimum basic care. Schools of Nursing are markedly in deficit in many ways to function as educational institutions. The Association, therefore, finds it necessary that like Medical service and Medical Education a definite budgetary provision should be made for Nursing Service, Nursing Education and Nursing Research. Such budgets should be controlled by the Nursing personnel themselves. By doing so, it would be possible to prevent wasteful expenditure occasionally made on costly equipments without any useful purpose in Nursing Service and neglect of certain basic amenities that a Nurse controller of the budgetary allocations would never allow.

SECTION II

WORKING CONDITIONS OF NURSES

Nursing personnel constitute the major component of health care team of any organization that provides health services to the community. To ensure efficient and effective health services both in the hospitals and the community, improvement in the present working conditions of Nursing personnel is crucial and imperative.

Poor working conditions, lack of equipment and supplies, an inappropriate nurse-patient ratio and dissatisfaction among Nursing personnel are the basic factors that contribute to the deterioration in the quality of care and give rise to many problems that indirectly affect the status of the Nursing profession in the society adversely. Government documents, reports and plans often ignore taking into account personnel especially in the rural plans.

Identity of Nursing as a Profession

Nursing has its own 'Identity' as a profession. It is no more a paramedical profession. This nomenclature in respect of Nursing personnel has long been dropped by WHO but it continues to appear in important documents like the 4th Central Pay Commission Report (1986).

Such an attitude towards Nursing has done considerable harm and lowered the image and status of the profession. Therefore there is a need to take a consistent position regarding a separate identity and give due recognition to the role and contribution of Nursing personnel in the health care system of the country.

The glaring features of the current employment situation with regards to Nursing personnel are the need for creation of the required posts at various levels, shortage of qualified nurses for immediate requirements and the steadily growing demands of the Nursing Service. Supply of nurses considerably lags behind the demand. We need nearly double the number of nurses we have today even to meet the projected nurse-bed ratio by 2000 A.D., that is, 6,64,623 (Health Manpower, Planning, Production and Management, 1987). The important and basic aspects of matching demand with supply are the service

conditions and the status of the profession to attract and retain suitable candidates in the profession.

Enormous Work Load

The work load of nurse continues to be heavy by any standards, especially in government hospitals, on account of:

- (a) Unfavourable nurse-patient ratio which may range from 1:10 to 1:50 though the appropriate ratios recommended by the Central Council of Health are 1 : 3 and 1:5 in teaching and non-teaching hospitals respectively;
- (b) Admission of patients in excess of the bed capacity of wards;
- (c) Shortage of Staff;
- (d) Inclusion of non-professional activities in their daily work;
- (e) Lack of sufficient equipment and supplies and time-consuming procedures to obtain even the bare minimum.

Long and Difficult working Hours

Because of shortage of Nursing personnel in hospitals, the community care apparatus, and the educational institutions, the existing staff have to work for longer hours, on broken shifts, abnormal shifts (evening and night shifts) and even on public holidays. Such irregular working hours has an adverse impact on the personal life of nurses in as much as they have to isolate themselves from family functions, make frequent family and personal adjustments in order to keep to abnormal and strenuous hours of work.

The current situation with regard to working hours of Nursing personnel suggests that a Nursing staff works longer than any member of the working class. Working hours of Nursing personnel range from 44 hours to even 60 hours a week in many states especially in the area of community health care.

With the majority of nurses getting married and compelled to live far away from the work place on account of house allotment policies of the hospital administrations, the split shift system is a great burden on their personal life and should be dispensed with.

The working hours of nurses should be reduced to 40 hours a week. An appropriate monetary compensation for overtime, evening and night shifts, working on public holidays, Saturdays and Sundays should be provided to all nurses. Such compensations for abnormal shifts already exist in many establishments like Railways, Posts and Telegraphs, industrial establishments, etc.

Equipment and Supplies

The provision of resources that are required for Nursing care are meagre. What is more, Nurses have no controlling authority over the allocations of these resources.

Nurses in every health setting are responsible for keeping the stock of equipment and supplies. Many of these equipments and supplies are used by personnel other than Nursing.

In most Government institutions, unserviceable items get piled up due to inadequate maintenance facilities, lack of or lengthy, condemnation procedures. Nurses have to spend fairly good time in keeping records of such items. In case of any loss, misplacement and breakage, etc. the nurse incharge has to make up the loss.

In many places nurses are not represented on the condemnation committees. Therefore, the Association recommends that Nursing personnel should be represented on purchase and condemnation committees.

Transport

Transport is a serious problem frequently brought up by the nurses working in the rural and urban areas. They have to commute during odd hours, distant places, field trips, home visits and to attend calls and emergencies and also to work during public strikes/*Bundhs*.

Discrepancies in payment of transport allowance to nurses in public health field and non-availability of transport for field-work often hamper their routine work and effective functioning.

Therefore, the Association suggests that transport facilities be provided for nurses in the urban and rural settings as follows :

—Chartered bus system may be provided for nurses for normal working schedules.

—In cases of emergencies, abnormal shifts, hospital transport should be provided to nurses for bringing and taking them back home safely.

—Nurses in the community be permitted to use or provide institutional transport for official visits and tours. The Public Health Nurse/DPHN should be incharge of the vehicle;

—Payment of transport allowance be made uniformly for all categories of health workers and the rates be reviewed from time to time. Under special circumstances provision should be made to refund the higher rates of transport charges paid by nurses.

Accommodation

Nurses from the very beginning had been provided with hostel type accommodation in the hospital premises because of the nature of their work, odd hours of duty and also being women employees.

Housing policies for nurses employed in hospitals have not been reviewed for the last two decades. No steps have been taken to change the present position and provide for housing facilities for nurses near the hospitals. As a result nurses have to stay at distant places or in sub-standard quarters.

Nurses provide services round the clock and the arduous duties of the nurse are not taken into account in allotment of houses near the hospital.

Senior nurses have no representation on the bodies that determine the allotment of housing facilities near hospitals though nurses comprise a significant proportion of the total health team. No steps have been taken to remedy this state of affairs despite all the sound and fury of women's decade, schemes for women, and perspective plans for women. Some concrete steps should therefore be taken to improve the situation.

The rate of house rent allowance is not uniformly implemented for all categories of Nursing personnel in many states. There exist variations in the payment of HRA among nurses working in the Schools of Nursing, hospitals and in the community.

The Association, therefore, recommends :

—that the accommodation should be self-contained apartment type and not the hostel type for qualified nurses;

- that nurses' quarters be built closer to the working place or in the campus, category-wise, in place of hostel facilities;
- that there should be a separate category-wise pool of nurses' quarters or quarters should be earmarked 'only for nurses'. In case of general pool allotment certain percentage be fixed for nurses and such allotment made on priority basis;
- that nurses in the community should be given accommodation near the health clinic or work place.
- that Government may consider developing Nursing personnel colonies wherever possible under the states' Housing Schemes as is done in other services like Police, Defence etc. Special emphasis should also be given to developing Nurses' colonies under the Schemes of such bodies as L.I.C. and HUDCO.

Social Security and Special Employment Facilities:

Nurses in Central and State Governments are covered by social security schemes. In many States, the prevailing schemes are not adequate to cover their medical expenses; they are also restricted in regard to free choice of doctors and institutions for treatment.

The existing schemes do not take into account the nature of nurses' job, provision for protecting their rights and benefits in case of change of employment and temporary cessation of work.

In view of the need for utilization of available Nursing personnel it is necessary that schemes for temporary, part time, and a re-entry system for employing nurses may be evolved and their employment conditions be similar to those of regular employees.

There should be uniformity in social security schemes for nurses which should take into account their nature of activities and should include : provisions for financial compensation for working in risk areas, using protective devices, safeguarding nurses' rights and privileges in case of change of employment, temporary cessation of work and re-entry into the profession. The social security schemes should cover entire medical expenditure, compensation for occupational health hazards, special consideration to Nursing personnel as women employees (creche facilities, duty adjustment, etc.)

Personal Safety:

The Nursing profession with a majority of employees as women involves considerable personal safety risks. These risks are from their employers, fellow workers, anti-social elements and those visiting them for professional work, because of their closeness to the public as also while travelling and working at odd hours. Incidents endangering personal safety of nurses are on the increase. Danger to physical and personal security is one of the major causes keeping nurses away from work in the rural areas.

Young girls of 19 or 20 years are posted in rural and difficult areas without any escort facilities and proper accommodation. There is virtual lack of Nursing supervision or meagre supervision at the sub-centre and primary health centre levels. Even in a District Hospital, a single nurse is expected to supervise scattered wards of the hospital during night and evening shifts.

The Association strongly feels that the matter of ensuring nurses' safety is very important. The Central and State Governments and all institutions need to study the drawbacks in the personal security system and safeguard nurses' life and honour as women. There should be improvement in the supervision aspect (at least two nurses may be posted at one sub-centre) and provision of reliable escort facilities where nurses attend night calls or travel on foot in remote and distant areas. Housing facilities at the sub-centre should also be provided. Some method of self-defence may be incorporated in Nursing curricular in the form of training in material arts like Judo, Karate, etc.

Occupational Health Protection

Strenuous hours of work expose nurses to undue mental and physical strain.

Their assignment to special risk areas and contact with patients with infection (before diagnosis) expose them to grave health hazards.

Many nurses contract infectious disease like tuberculosis, hepatitis, etc., while working with such patients. Some of them even lose their lives.

Nursing personnel, mostly women, are prone to additional health hazards like ionising radiation and anaesthetic substances.

Therefore, the Association feels that necessary steps be taken to develop a system of occupational health protection for nurses. A scheme of

health protection may be worked out with nurses' representatives. Some of the suggestions are :

- Shorter hours of work, i.e. 40 hours a week
- longer rest periods and paid vacation to compensate for the strenuous nature of work.
- Medical check-up schemes at regular intervals that may be frequently conducted in case nurses are assigned to risk areas. Such objective medical check-up should be done by doctors who are not working in the same institution or atleast with concerned Nursing personnel.
- Nurse should have a free choice of doctors and institutions for treatment.
- Studies to determine risk areas be conducted on a regular basis; nurses should be appro-

priately compensated for any injury or sickness acquired during their job.

- Provision of maternity leave facility be made applicable also in all private institutions employing nurses.
- Appropriate measures be taken to enforce and supervise the rules and regulations stipulated in respect of health protection.

Creche and Canteen Facilities :

Nursing is a woman dominated profession. Many of the nurses being married have considerable responsibilities towards their family. Lack of child care arrangement at work place leaves the nurses with no option except to be away from work. Therefore, creche and canteen facilities are important at the work place especially in the hospitals.

SECTION-III

PRACTICE OF NURSING PROFESSION

There has been a mushroom growth of private institutions who are offering Diploma and even degree programmes in Nursing without the approval of the State Nursing Council and the Indian Nursing Council. Many institutions/nursing homes are also employing untrained women as nurses. Presently, there is not statutory provision for the practice of Nursing except that some State Nursing Councils issue registration certificates to nurses employed in the State. In many states there exists no re-registration system. Under these circumstances it is difficult to have any reliable statistics of practising nurses in the states and staffing of qualified nurses in these institutions.

Nurses have no stipulated minimum wages and working hours. In many so called charitable institutions or trusts they are paid very low emoluments and have to work for more than 12 hours at a stretch. Therefore, the Association suggests the following :

- A suitable Nursing Practice Act be brought forward to regulate the practice of Nursing and to ensure safe and skilled Nursing Care;
- Under the Act governing private Nursing Homes and hospitals, Nursing care by the trained nurses be made mandatory;
- There should be an inspection committee comprising solely of nurses to ensure that the Public are not exposed to unskilled care and the incumbents are given proper wages and working conditions.

Nurses' Role in Health Care :

Nurses play multidimensional roles in almost all fields of health care in the hospital and the community. They are the main providers of care and are responsible for implementation of government health care strategies at the grass-roots level. They have made a significant contribution, especially in the fields of mother and child care and family welfare programmes. However, their role in school health, industrial health and occupational health needs to be strengthened.

Functions and duties of Nursing Personnel :

There is a close inter-relationship between the preventive and curative sides of Nursing care. With the increasing trend towards integrated health services, the distinction between hospital care and community care is becoming narrower and narrower. However, there is still some distinction between the two, both in regard to their duties and working conditions. Community Health Nurses work in a widespread area of community care and they play a pivotal role in the area of maternal and child health as well as in family welfare programmes. The nurses have yet to expound their role in the school health programmes especially in the states sector.

With the multidisciplinary approach to primary health care and community participation, community nurses form an important link being close to the people in the community. The Community Health Nurses, in order to function effectively in the area of providing direct care to the masses, and giving supervisory support to Traditional Birth Attendants, Community Health Workers, the Multipurpose Health Workers and others in the community, require more sound preparation to face the challenges and tackle any difficult situation with confidence. Such supervisory control of Community Health Nurse would go a long way in assisting people to lead a healthier life, bring down mother and child morbidity and mortality rates. Therefore, a Community Health Nurse should have either a B.Sc. Nursing background or have a minimum of 10 months' diploma in Public Health Nursing after a General Nursing & Midwifery programme.

Duties and functions formed by various categories of Nursing personnel are given in Annexure-I.

Supervisory Support in Direct Patient Care :

Supervisory support in the hospital settings and also in the community with regard to Nursing is again negligible especially in the area of direct patient care and in the sub-centre. There is hardly

any norms to extend supervision that is necessary not only for the guidance of the staff in their performance but also for any adjustments in the situation. Many times a Staff Nurse, a Multipurpose Health Worker and even a student has to face a difficult situation with no supervisory help.

The Supervisory role can be effectively defined and emphasised upon if there is a proper job description for every level of Nursing activity. Such a system would also go a long way in preventing non-utilisation or underutilisation of Nursing talents and potentials thereby improving patient care.

SECTION-IV

EMPLOYMENT

For the employment of Nursing personnel it is very important that the role of each category be classified through delineating job descriptions. This should clearly specify the tasks to be performed and appropriate authority should be vested in the job. A system of line-and-staff relationship in the organization should be followed for an efficient discharge of functions.

In the present system of employment nurses are hardly vested with any authority to exercise control over the Nursing establishment, ensure adequate recruitment procedure and proper deployment of the recruited personnel.

Nurses are hardly given preference to work and develop in the area of their interest. Many times nurses move from clinical to administrative or educational field not because of interest in the field but to seek some career mobility.

Advances in medicine have led to specialisation in various fields of medicine. Nurses are not being given due consideration to work in such specialised fields and develop specialised Nursing care in the areas of their interest. Whatever advances have taken place in Nursing they are mostly concentrated in the educational institutions. This has resulted in a wide gap between theoretical instructions in Nursing and applicability of these in the practical situation.

Remuneration

Remuneration is one of the sore points with nurses. The present system of remuneration is anomalous and discriminatory in many ways. It is hardly commensurate with the nurses' socio-economic needs, qualifications, duties and responsibilities and experience besides the constraints and hazards inherent in the profession. Nurses' remunerations are often lower in comparison to similarly qualified incumbents in other allied professions. Even in the Army, Nursing Officers get a lower scale than the officers of a similar rank in general categories of Army personnel. Anomalies and discrepancies in remuneration also exist among nurses having similar experiences, qualifications and job responsibilities. An attractive scheme of financial incentives is essential to attract

girls with the right attitude and intelligence to Nursing and to retain qualified nurses on the job.

The Association is very much concerned about these sensitive issues and feels that the pay scales for nurses should be equated with other comparable professionals. The pay scales for Nursing personnel should be commensurate with their qualification, experience, job responsibilities and should also take into consideration the inherent professional health hazards. Nurses who work in arduous or risk situations should receive adequate financial compensation. At least after 5 years or so a nurse must get the next higher pay scale even if there is no promotion prospect. Emoluments should be adjusted from time to time to match the actual price index, variation in the cost of living and rise in the standard of living.

A system of collective agreement may be evolved in fixing the remuneration.

Nurses working in rural and difficult areas must receive extra financial compensation for their hard life, children's education, family disturbances, transport, etc. Other allowances and benefits should be made uniform for all categories of Nursing personnel all over the country, e.g. uniform allowance, washing allowance, messing allowance, qualification allowance, rural and difficult area allowance, travelling and dearness allowance. These are basic privileges of the profession and should be provided to all Nursing personnel irrespective of categories and place of work. It would be appropriate that nurses are also given non-practicing allowances as is being offered to doctors. There should not be any disparity in this regard between members of two wings of the health care team.

Retention of Nurses on the job

There is significant brain drain among Nursing personnel. In the absence of opportunities for career development, many Nursing personnel keenly look forward to take up jobs abroad where they are offered better emoluments.

This is another factor which leads to shortage of trained nurses in some institutions. Therefore,

the Association feels that it is essential to develop an alternate system which could provide proper career structure or nurses to keep their working esteem high and meet the challenges in the profession.

There should be a provision of at least three minimum promotions in the cadre. It is a well recognised fact that performance of any worker deteriorates with the length of service in one position. The Association therefore, recommends

that proper guidelines be evolved for cadre planning with promotional avenues, both vertical movement and a lateral induction, based on seniority, academic and performance merit.

Improvement in living and working conditions of nurses, incentives to work in rural and remote areas, uniform salary structure all over the country are some of the contributory factors which can help in retaining persons in the job.

SECTION-V

NURSING EDUCATION

Three basic programmes of Nursing Education exist in the country. These are BSc Nursing degree programme, General Nursing and Midwifery programme and the Auxiliary Nurse Midwives Multipurpose Health Worker (Female) programme.

Yearly output of these programmes are : Qualified Nurses (BSc. and GNM) : 8992; Auxiliary Nurses : 10,981. Requirements for 2000 A.D. are estimated at 6,64,623 for Hospitals 1,88,380 Nurse Midwives and 78,491 ANMs [MPHW (F)] for community care. These figures indicate the need to prepare nearly double the number of personnel that we have at present.

The Government of India under the Primary Health Care programme has taken considerable steps in preparing and training the Multipurpose Health Workers. Even overlooking the approval of the State Nursing Council, Indian Nursing Council in recognising these as Training Schools of Nursing such schools in some of the states are run under markedly deficient teaching learning facilities. These are stretched to the extent that students use the class-room as their living rooms and even to dine. Many of the private institutions have even commercialised these programmes. Students prepared in such a situation are scared to function in the community and often hunt for jobs in cities and towns.

The other two programmes the BSc Nursing degree programme and GNM programme, have somewhat got neglected over these years. Schools of Nursing are subordinate institutions of hospitals with no budgetary provision and are run from the contingencies. They lack in many ways the facilities to function independently like any other educational institution. This greatly undermines the quality of Nursing Education.

Therefore, it is suggested that Nursing Education be made independent and brought into the mainstream of general Technical Education. The GNM programme should be brought under the purview of universities and the ANM programme under the Boards of Education. These institutions, like for any other professional educational programme, should have all the facilities to impart good Nursing care in different settings and pupil

nurse should enjoy a learner's status as do other allied health professional trainees.

The Indian Nursing Council has laid down staffing norms and minimum school requirements for school programme. These need to be implemented and adhered to. A School should have a definite budget and an office establishment to run the school. The Principal should be the drawing and disbursing officer. Though the drawing and disbursing power to Principal Nursing Officers in ANM programmes are stipulated by the Central Government, in practice they do not exist in most states. Existing schools of nursing in most situations do not have proper class rooms, hostels, audio-visual aids, school vehicles, annexes in the rural settings and an adequate teaching staff.

The Association suggests that there should be two levels of Basic Nursing Education programmes i.e. GNM certificate/diploma course and Basic B.Sc. Nursing degree. The present GNM programmes attached with Medical College hospitals should be upgraded and converted to Basic B.Sc. Nursing programmes in a phased manner. At present the basic entrance qualification for the two programmes is the same i.e. 10+2 years of schooling. The student nurse of GNM course has to undergo three years of training only to be awarded a diploma/certificate, whereas in general technical education system after the completion of three years course a degree is awarded. It would be in the fitness of the things that the present GNM diploma/certificate should be brought at par with the general technical education and be called as Technical or Associate B.Sc. Nursing degree. This will greatly minimize present heart burning and frustration among the diploma holders. The present Basic B.Sc. Nursing programme of 4 years duration can however continue as it is.

Career Development and Promotional Prospects

Career development opportunities in Nursing are almost negligible. Nearly 90 per cent of nurses, or more, stagnate in one position throughout their career and retire without getting a single

wishes to obtain a degree has to sacrifice two or more years. Similarly an Auxiliary Nurse Midwife (MPHW-F) wishing to become a GNM gets no academic credit for her training and experience. Such a situation greatly undermines their movement in the cadre and results in stagnation in one position. Therefore, there is need to examine carefully the present system of Nursing Education so that it could be modelled on the pattern of general education, i.e. 10 2 3. This would prepare the nurses to render a better patient care and open avenues to further their professional abilities in an orderly manner.

Nursing Research

Research in this scientific age has become part and parcel of any process intending to initiate

any change or advancement in the field of health. Somehow, Nursing lags behind in this respect. Though nurses at the Masters programme, oriented to research methodologies, conduct research studies as partial requirement of the course and a few institutional studies sponsored by the government or WHO are also carried out, no consistent efforts have so far been made in this regard. This is the every reason today why proper information on Nursing are not available. It is, therefore, important that research in Nursing be seen in relation to the total health care services. The necessary structure for strengthening the Nursing Research needs to be created on a priority basis.

SECTION-VI

THE NURSING STRUCTURE

The existing Nursing structure, organised after independence, has remained somewhat stagnant. It has neither grown nor developed to keep the desired pace with the expansion of the health services in the country. Despite health survey committees' recommendations in 1946 and 1954 scarce attention has been paid to improvement in the Nursing profession suggested by these committees. This is so because of the subordinate status of the profession and the implementation power of these resting with the non-nurse administrators. Though there has been some upgradation in Nursing Education, increase in Nursing positions and creation of these at the Health Directorates at the Centre and in the State Governments, these developments have not surfaced much in terms of availability of improved Nursing care to the masses. Obviously, this is so because of the isolation of nurses from the planning process and the decision making machinery of the government.

What we see today is that the valuable contribution of the Nursing profession is greatly undermined. Non-nurse health planners fail to appreciate the significant contribution of the Nursing profession to the protection and promotion of health of the people. They fail to recognise the underdeveloped and undeveloped leadership potentials of the Nursing profession. Instead of giving this established health care profession its due place in the system it has purposefully neglected and lowered the profession to such an extent that nurses at any level have no autonomy to function independently and pursue the profession in pace with the trends in health care system.

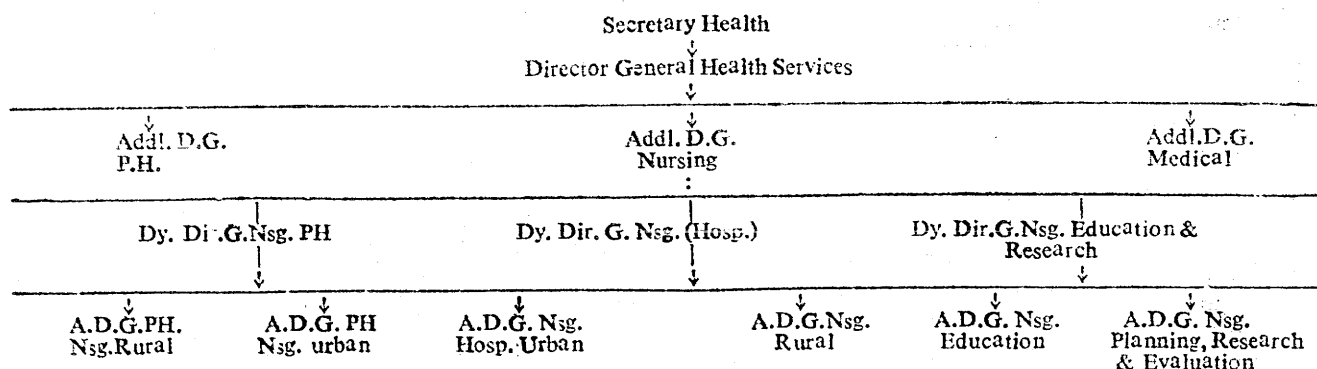
The growth and development of health services and health manpower over the period of nearly seven five year plans reveals the lopsided-development in various categories of health professionals.

In view of the present position in Nursing, nurses at various levels are so placed in the organisational set-up that their involvement in policy formulation is not possible. Specially at the Centre the highest positions in Nursing are merely advisory. There is hardly any coordination of Nursing Service, Education and community care. Even in the State Health Directorates, each position is attached with a medical person rather than with nurses. In such an isolated situation the Nursing profession has remained fragmented and underdeveloped with the result that Nursing positions are often abolished than expanded and mostly filled on an adhoc basis. Hardly any efforts are made to fill these positions and prepare Nursing leaders.

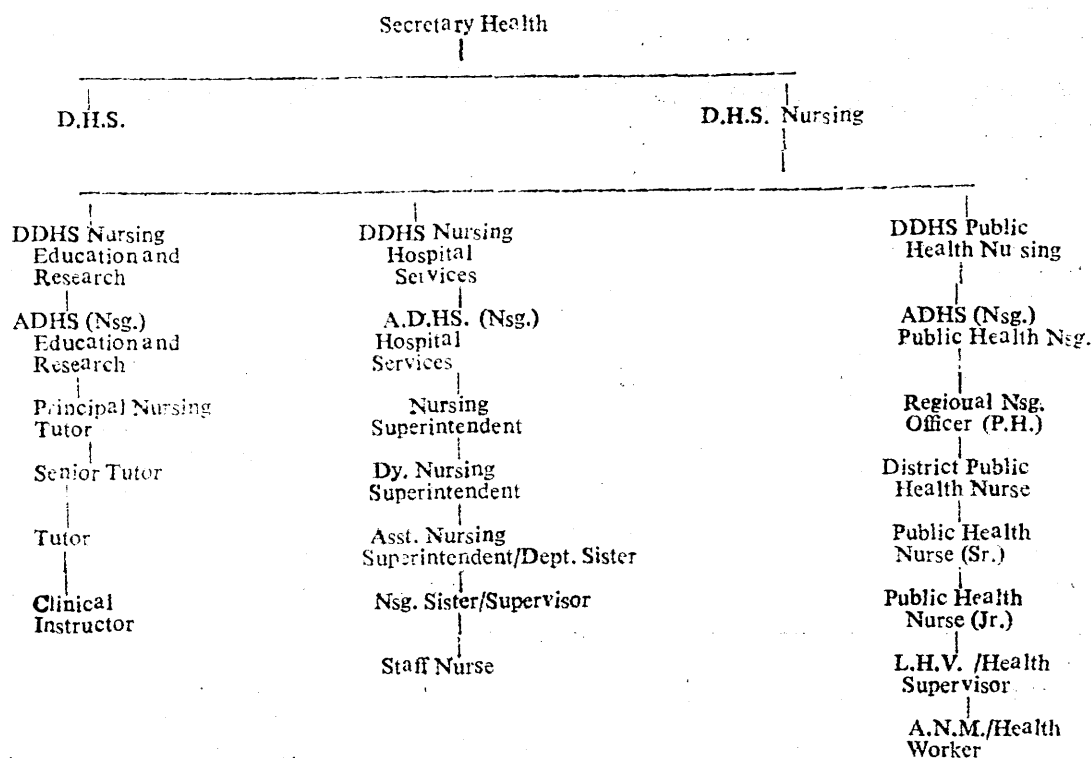
Nursing is a profession and a distinct service in its own right. It is equipped with necessary competence required to be responsible and accountable to the Nursing components in providing health care to the people as colleagues with other health professionals.

Therefore, it is essential that Nursing components of the health care be directed by nurses themselves. We have nurses with professional background of Ph.D. level available in the country to take up such leading positions. The Association recommends the following organisational structure for equipping nurses with the needed authority and support to function effectively :

ORGANISATIONAL STRUCTURE OF NURSING AT CENTRAL LEVEL



ORGANISATIONAL STRUCTURE OF NURSING AT STATE LEVEL



A similar Organisational structure is suggested for the Railways, Municipal Corporations, Institutions under Ministries other than Health Ministry and major Central undertakings, etc.

Staffing Norms:

The Nursing manpower requirement from the very beginning of health planning has remained neglected with the result that nurses are in short supply to keep pace with developments. The Government of India conducted a number of health surveys by important Committees before and after independence. These were Bhore Committee (1946), Mudaliar Committee (1961), Kartar Singh Committee (1974), Shrivastava Committee (1975) and some others. While these committees mostly concentrated their attention on the development of Medical Education,

very little was done in the sphere of Nursing Manpower development.

The Bhore Committee in 1946 recommended one qualified nurse for 500 population and one ANM for 5,000 population to be achieved by 1971. With this population ratio and one nurse for 1.5 beds, we shall need nearly two million nurses to care for nearly 1000 million population at the turn of the century.

The present growth rate of Nursing manpower is on the deficit side both in quality and quantity to meet the health care needs of the society.

The Manpower requirement for hospital and community care projected by the Health Manpower, Planning, Production and Management Expert Committee of the Government of India in 1987 suggested the following norms for the hospital and the community care:

Hospitals:

Manpower Requirement for Hospital Nursing Services

Categories	Basis of Calculation	Nursing manpower requirement		
		1986	1991	2001 A.D.
1. Nursing Superintendent	1 : 200 beds	2,500	3,051	4,955
2. Deputy Nursing Supdts.	1 : 300 beds	1,700	2,034	3,003

1	2	3		
3. Departmental Nursing Supervisors/ Sisters	7 : 1000+1/Addl. 1000 beds (991+7+991)	4,080	4,880	7,928
4. Ward Nursing Supervisors/Sisters	8 : 200+30% leave reserve	26,520	31,730	51,532
5. Staff Nurses for Wards	1 : 3 (or 1 : 9 for each shift)+30% leave reserve	2,21,000	2,64,427	4,29,432
6. for OPD Blood Bank, X-Ray, Diabetic Clinics, CSR etc.	1 : 100 Opt. (1 bed : 5 Opt.) +30% leave reserve	33,160	39,664	64,415
7. for Intensive (8 Beds ICU/200 beds)	1 : 1 (or 1 : 3 for each shift)+30% leave reserve.	26,520	31,730	51,530
8. for Specialized departments and Clinics such as OT, Labour Room	8 : 200+30% leave reserve	26,520	31,730	51,530
Total		3,42,050	4,09,246	6,64,623

Community Care	Number	Nurse Midwife required	Female Health Worker required
Community Health	743	52,052	—
Primary Health Centre	26,439	26,439	26,439
Sub Centre	1,61,941	—	1,61,941
Total requirement :		78,491	1,88,380

The placement of nurses in these areas do not indicate Nursing Supervisory support necessary for quality performance. Especially at the community health centre level, there should be at least one public health nurse to supervise the work of 7 nurse midwives. At the sub-centre level also, all categories of personnel are only auxiliaries like Health Workers, Health Assistants, Health Guides and Traditional Birth Attendants. There is need for some one to coordinate their work and assist them in case of any difficulty. One nurse midwife as incharge of sub-centre is important. Community nurses required to function at the block, district, Zone, State and at the central levels are equally important.

As per INC statistics of 87 we have hardly 2,299 nurses qualified till 1987. With the present rate, 8,992 nurses per annum would add up barely to 7,04 nurses. The projected re-

quirements will need facilities to produce nearly 4 lacs more nurses.

The Association also feels that these projections are based merely on the basis of bed allotment to hospitals. But in actual situation the patient census is usually on under statement of the actual number of patients. More nurses are required to look after the extra patients in the corridors and on the floor. Obviously, under such a situation nurses' time in looking after the patients is greatly increased.

A Blueprint for the Community

The Bajaj Committee () had made certain useful recommendations with regard to the staffing norms in the community. These are being outlined below in brief, and should be kept in mind while preparing the blueprint for the Community Health Nursing care structure.

Every 2,500	Population	Health Worker (F) : 1	The Health Supervisor should be given CGN course in phased manner.
10,000	Population	Health Supervisor : 1	
30,000	Population (PHC)	Public Health Nurse with special training. She should be able to screen high risk mothers and children with nutritional problems, etc., independently, help Medical Officer Incharge.	

1,00,000 (*Community Health Centre*)

Nursing Officer (PH) Gr. III

(Gazetted Class-II Junior)

Post equivalent to Departmental Sister,

Qualification : B.Sc. Nsg. or M.Sc. Nsg. preferred.

Assistant District Nursing Supervisor : 2 Posts in each District.

(Nursing Officer (PH) Gr. II)

Qualification : M.Sc. Nsg. (Equivalent to Dy. Nursing Superintendent)

District Nursing Supervisor

(Nursing Officer (PH) Gr. I)

(Gazetted Class I Senior)

Qualification : M.Sc.Nsg. (Equivalent to Nursing Superintendent)

Career Mobility from Health Worker (F) to Nursing Cadre

Career Mobility from Health Worker (F) to Nursing Cadre

S.S.L.C.+2=Health Worker(F)

(Equivalent to PUC)

Health Worker(F) Course+1 year=Health Supervisor

Health Supervisor+1 year=G.N.M.

G.N.M.+2 yrs.=B.Sc. Nsg. (PC)

There onwards in usual further course.

More Centres for CGN course for Health Supervisor and more Post-Certificate B.Sc. Nursing Courses should be started in all States. The funding of these courses should be made available by the Government of India.

A Vital Necessity

As pointed out elsewhere Nursing functions performed by a qualified Nurse, Auxiliary Nurse Midwife and even a student are not generally

demarcated and specified in the hospital setting. Under the circumstances, qualified nurses are replaced by auxiliaries and students, thus contributing to unsafe and poor Nursing care. Therefore, the Association finds it vitally necessary that Nursing functions of all categories of Nursing personnel be studied, specified and clearly demarcated. Nurses' manpower should accordingly be organised to share these functions. The job Description of Nurses of different categories given in Annexure-I would serve as a guideline in this regard.

MEMORANDUM SUBMITTED BY THE ASSOCIATIONS OF ASSAM

Name of the Associations

1. Assam State Branch, Trained Nurses' Association of India;
2. All Assam Graduate Nurses' Association;
3. The Faculty of Regional College of Nursing, Guwahati;
4. All Assam Nurses' Association;
5. All Assam Nurses' Service Association.

WORKING CONDITIONS

Problems

Suggestions

Hospital

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Split duty 2. Poor salary 3. No promotional policy
No promotional channel for LHVs & ANMs 4. No Transport facility 5. Inadequate equipment and supplies in quantity and quality due to major portion of budget is spent on sophisticated materials and also due to lack of maintenance. 6. Inadequate accommodation, no accommodation for married persons. 7. No hazards, messing allowances not given to some category of Nursing personnel. | <ol style="list-style-type: none"> 1. Straight shift of 8 hours. 2. At par Central Government. 3. (a) Regular promotion.
(b) During promotion consider seniority & qualification (through in-service education deficiency can be made) & professional proficiency.
(c) Promotional examination. 4. Transport facilities especially in odd hours. 5. Proper weightage to the consumable articles. 6. Accommodation in hospital campus or nearby. 7. Allowances for all these areas Uniform allowance to all category who are working in this hospital. |
|--|--|

RURAL

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. No reward for good performance 2. No accommodation—feel insecure. 3. No Rural allowance 4. No supervision by the senior Nursing personnel. | <ol style="list-style-type: none"> 1. Provision for reward 2. Accommodation with security. 3. Provision of Rural allowance. 4. Supervision by the Sr. Nursing Personnel. |
|--|--|

NURSING MANPOWER DEVELOPMENT

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Inadequate clinical facilities, no clinical supervision due to shortage, no vehicle, No proper library. 2. Shortage of qualified teachers. 3. No Principal Tutor post. 4. (a) Not implemented revised curriculum.
(b) Need for change of curriculum. 5. No regular provision for in-service education, Continuing education and higher education. 6. No provision for career development. | <ol style="list-style-type: none"> 1. Provision for clinical all clinical facilities. 2. (a) To increase the number of teachers.
(b) Minimum Qualification should be School graduate College Post-graduate. 3. Provision for Principal Tutor post. 4. (a) Immediate implementation.
(b) Change in the light PHC. 5. (a) Separate cell for inservice education.
(b) To start Post Basic B.Sc. at Regional College of Nursing, to increase seats for deputation.
(c) Start M.Sc. Nursing.
(d) Central assistance for in service education. 6. (a) Vocationalisation.
(b) Two level preparation of Nurses —ANM — B.Sc.
(c) Enhancement requirement for ANM 10+2. |
|---|---|

7. College of Nursing not having status of U.G.C.
8. No nursing research cell.
9. G.N.M. & ANM examination are not held regularly.
10. Student nurse
 - Heavy work load
 - Meager stipend
 - No recreation facilities.
7. Nomenclature, staffing, qualification, salary should par with U.G.C.
8. Nursing Research Cell compulsory for each College of Nursing.
9. Regular Examinations to be held..

ORGANISATIONAL SETUP

1. No separate Directorate
1. Separate Directorate for Nursing.

STANDARDISATION OF NURSING SERVICE

1. No nursing policy
 - 1.1 Laid down qualifications for various Nursing posts.
 - 1.2 Nomenclature should be of different post.
 - 1.3 Job description for all category of Nursing personnel should be prepared and uniform all over India.

STAFFING

1. Shortage of nursing personnel.
1. To increase the total strength of Nursing personnel as per INC.

MEMORANDUM SUBMITTED BY ASSOCIATION OF BIHAR

Name of the Associations :

1. Bihar State Branch, TNAI;
2. PMCH, TNAI Unit;
3. Teaching staff, School of Nursing PMCH Patna:

WORKING CONDITIONS

- | <i>Problems</i> | <i>Suggestions</i> |
|---|--|
| 1. Disparity in pay scales and poor pay scales. | 1. Equal to Central Govt. Pay scales. |
| 2. No Regular promotion. | 2. Regular promotion. |
| 3. | 3. Some seats in Schools, Colleges, Medical College and Engineering College to be reserved for Children of Nurses. |
| 4. No accommodation for married nurses. | 4. Accommodation for married nurses in Nurses colonies. |
| 5. Delay in first posting. | 5. Timely posting. |

MANPOWER DEVELOPMENT

1. No separate budget for school of Nursing.
2. Student teacher ratio is very poor.
3. Facilities like building, lighting, library, teaching aids, conveyance in the School are very poor.
4. Irregular selection of nursing students.
1. Separate budget with drawing and disbursing power to Nursing Superintendent.
2. Student teacher ratio should be as per INC.
3. Facilities to be given as per INC.
4. Timely selection and admission.

STAFFING

1. Shortage of Nursing personnel.
1. Norms as per INC.

ORGANISATION STRUCTURE

1. No separate Directorate.
1. Separate Directorate for Nurses.

STATUS

1. Very few gazetted posts.

1. More gazetted posts.

OTHERS

1. There is no representation of tutors in State Nursing Council.

1. Representation of tutors in Nursing Council.

MEMORANDUM SUBMITTED BY THE ASSOCIATIONS OF DELHI

Name of the Associations

1. All India Govt. Nurses Federation;
2. Delhi Nurses Federation.

WORKING CONDITIONS

Problems

1. Almost no promotion in life time
2. Disparity of pay scales in comparison to other professions.
3. Split duty & long duty hours.
4. Allowances are either very less or not at all given.

Suggestions

- 1.1 Cadre review to be done at earliest.
2. Next higher scale to be given after every five years.
2. Pay scales should be according to qualification, years of training type of job.
- 3.1 Split immediately to be stopped.
- 3.2 Working hours not to be exceed six hours a day & 36 hrs. a week.
- 4.1 Following allowances are to be increased to all State & UTS :
 - Nursing Allowance Rs. 300/-
 - Non practicing Allowance Rs. 75
 - Uniform allowance Rs. 1500.
2. Following allowances to be considered to extend all over the country.
 - Nursing Allowance Rs. 300/-
 - Non Practicing allowance 33% of the basic pay.
 - Over time allowance
 - Charge allowance to stock holders Rs. 300/-
 - Risk allowance Rs. 200/-
 - Night Duty Allowance
 - Conveyance allowance
 - Special Pay for specialised area
 - Qualification pay.
- 5.1 Family accommodation near the working place.
2. Provision for draw the HRA by the unmarried nurses who are not in the Govt. accommodation.
- 6.1 Protection
 2. Any mishaps to be enquired by the High Court Judges & culprits to be punished.
- 7.1 Transport facility especially in odd hours.
8. Implementation of ILO recommendation to improve the working condition

MANPOWER DEVELOPMENT

1. Inadequate provision for inservice education.
2. Inadequate existing facilities for training school

- 1.1 Provision for higher education' refresher courses on deputation.
2. Adequate facilities for teaching institutions.

STAFFING

1. Acute shortage e.g. Nurse Patient ratio some time 1 : 60
1. As per INC norms.

ORGANIZATIONAL STRUCTURE

1. No separate Directorate for Nurses
1. (a) Separate Nursing Directorate at Central & State/U.T. level.
(b) Involvement of nurses in planning & decision making related to nursing matters.

OTHERS

- 1.
1. 12th May to be declared as a Nurses Day.
2. Less number of male nurses is available.
2. More male nurses to be trained & deployed in certain areas.
3. No recognition of the federation & harassment of office bearer.
3. (a) Early recognition of the federation.
(b) Protection of Office Bearers.

MEMORANDUM SUBMITTED BY GUJARAT STATE BRANCH TNAI

*Problems**Suggestions**Working condition*

1. Non-nursing activity.
2. Poor pay
3. Equipment & supplies—inadequate quantity & substandard quality.
4. No office for the nurses

1. Ward clerk.
2. Central pay scale with risk & qualification allowance.
3. Inclusion of senior nurse in purchase committee.
4. Nurses station for each ward, Office & clerical assistance to the Nursing Supdt. and Principal Tutor.
5. Nurses with specialisation should be given opportunity to work in special field.
6. Inclusion of nurse member in selection committee of nursing personnel.
7. Job description to be available for all categories of personnel
8. Provision for transport, creche and accommodation.

Manpower Development

1. No school having physical facilities, teaching aids, library, vehicle, supportive staff.
2. Inadequate clinical facilities and supervision.
3. Difficult to get qualified teachers
4. Students used as service holder.

1. Separate budget for School.
2. More clinical infrastructure, qualified ward sister for community experience.
3. Diploma programme to be phased out, only one type of educational programme, i.e. degree course, provision for higher inservice & continued educational programmes.
4. Day scholar, stop stipend, pay fees.

Staffing

1. Nurse patient ratio 1 : 7. No consultation with Nursing personnel before opening a new unit.

1. 1 : 3 ratio.

Organisations set-up

1. Nurses are not involved in planning, decision making.

1. Separate Directorate.

Status

1. Post of DPHN to be gazetted.

MEMORANDUM SUBMITTED BY ASSOCIATIONS OF KARNATAKA

Associations

1. T.N.A.I.
2. Karnataka State Public Health Nurses, Association.
3. Govt. Nurses, Association Karnataka.
4. Teachers' Association of College of Nursing, Bangalore.
5. Govt. Non-Graduate Nurses' Association, Karnataka.
6. Karnataka Govt. Graduate Nurses' Association.

*Problems**Working conditions*

1. Lack of job satisfaction
2. No accommodation, transport facility.
3. No jobs for graduate nurse
4. Lack of security
5. No promotional avenue for LHV
6. Lack of working facilities :
 - 6.1. No budgetary provision for record and reports.
 - 6.2. No transport.
 - 6.3. Inadequate supplies of medicines, equipments, etc.
7. Transfer policy
8. No incentive.

Suggestions

1. Creation of posts at different levels on the basis of qualification and experience.
2. Deletion of non-nursing activity.
3. Providing of enough equipments.
4. Establishment of C.S.S.D.
5. Protection of occupational health.
6. Working out duties & responsibilities.
7. Improvement of pay-scale.
8. Promotion after each 5 years.

Creation of houses with the help of HUDCO, LIC etc.
Implementation of State Govt. orders immediately.
Security for nurses working at the community level.
Promotional avenues to be created.

 - 6.1. Separate fund to be provided.

2-wheelers for ANM & LHV
 - 6.2. Two wheelers for ANM & LHV.
 - 6.3. Provision for more drugs, equipment and home visiting bags.
 - 7.1. District PHN needs to be involved in transfer on ANM and LHV.
 - 8.1. Provision of National Awards.
 - 8.2. State Awards.

NURSING MANPOWER

1. No masters programme
 - 1.1. To start M.Sc. (Nursing).
 - 1.2. Deputing more candidates for M.Sc. Nursing.
2. Only one College of Nursing in the State.
 - 2.1. To start more Colleges in the State.
3. No separate building for School of Nursing.
4. 10+2 (Science) suggested for career mobility.
5. Consider as Diploma.
6. Stipend to be increased.
 - 7.1. Separate budget for School of Nursing.
 - 7.2. Principal of School should be DDO.
- 8.1. Provision of continuing education in-service education.
- 9.1. Vice Principal for each School.
- 9.2. Having the post of Jr. & Sr. Tutor.

- | | |
|---|---|
| 10. Not enough text-books. | 10. Text-books to be prepared. |
| 11. | 11. Introduction of Nursing subjects in IX & X. |
| 12. | 12. Need only one type of education i.e. graduate programme, Discontinue Diploma. |
| 13. Lack of knowledge of Administrators. | 13. Nursing Superintendent should be given 3 months training in administration. |
| 14. Anomaly of pay scale of College of Nursing. | 14.1. To be equated with medical and dental facilities. |
| | 2. U.G.C. scale. |
| 15. | 15. Creation of teaching posts at College as per INC norms. |
| 16. No research work in Nursing. | 16. National Nursing Research Institute be established. |

STAFFING

- | | |
|---|--|
| 1. Vacant post | Filling up of all vacant posts. |
| 2. Split duty | Straight shift system to be established. |
| 3. No uniformity in population coverage for ANM | Uniformity of population coverage for ANMs |
| 4. No post of PHN at PHC level | PHN at PHC level. |
| 5. Shortage of Nursing manpower. | 5.1. Consider INC norms. |
| | 2. Nurse : Doctor ratio. |

ORGANIZATIONAL STRUCTURE

- | | |
|---|--|
| | 1. Implementation of decision to establish separate directorate. |
| 2. No post of Clinical Instructors & Chief Nursing Officer in teaching hospitals. | 2.1. Creation of Clinical instructors in teaching hospitals with B.Sc. Nursing qualification; Chief Nursing Officer in all teaching hospitals. |
| | 2. Chief Nursing Officer in all teaching Hospitals. |
| 3. No State level post for PHN | 3. Representation in the proposed Directorate according to the number of Nursing manpower at the community |

NOMENCLATURE

- | | |
|--|---|
| 1. Designation of District Nursing Supervisor | 1. To be called as District Health Nursing Officer. |
| 2. Designation of Nursing Supdt., Gr. I or II & Nursing Tutor. | 2. To be called as |
| | 1. Nursing Officer, |
| | 2. Dy. Nursing Officer, |
| | 3. Lecturer. |
| 3. Designation of ANM & LHV. | 3.1 To be called as |
| | ANM as Jr. PHN, |
| | LHV as Sr. PHN. |

NURSING LEGISLATION

- | | |
|----|------------------------------------|
| 1. | 1. Appointment of Nurse Registrar. |
| | 2. Nursing Registration Act. |

STANDARDISATION

- | | |
|----|---|
| 1. | 1. National Nursing policy to be evolved. |
|----|---|

MEMORANDUM SUBMITTED BY THE ASSOCIATIONS OF TAMIL NADU

Name of the Associations

91. Tamil Nadu State Branch, Trained Nurses Association of India;
2. The Tamil Nadu Govt. Nursing College teachers association;
3. Tamil Nadu Govt. Nurses Association;
4. Nursing Tutors Association, Tamil Nadu;
5. College of Nursing Alumni Association, CMC Hospital, Vellore.

WORKING CONDITIONS

*Problems**Suggestions*

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Low Pay 2. No changing room. 3. Long hours of work and straight shift. 4. Non-availability of materials and supplies for patient care. | <ol style="list-style-type: none"> 2. Changing room facility. 3.1. Family quarters for all nurses. 3.2. Vehicle to be provided for nurses to attend emergency. 3.3. Eight hours of shift to be introduced. 4.1. Material and supplies to be given directly from the government to the hospital. |
|--|--|

COMMUNITY

- | | |
|--|---|
| <ol style="list-style-type: none"> 2. No safety and security. | <ol style="list-style-type: none"> 1. Two nurses at each sub-centre. 2. PHN in each PHC. 3. Security to be provided. |
|--|---|

NURSING MANPOWER DEVELOPMENT

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. No proper building for Schools. 2. Qualification and number of teaching staff not according to INC norm. 3. No independent budget for Schools Nursing. 4. Student are utilised for service. 5. No proper facilities at the College. 5.2. No promotional avenues at the College of Nursing. 5.3. No post graduate course. 5.4. No transport to college. 5.7. Management level not having qualification at par INC. 5.8. MPH programme not evaluated since 1979. | <ol style="list-style-type: none"> 1. Upgradation of Schools into Colleges. 2. To start Post Basic B.Sc. Nsg. 5.1. College of Nursing to be made as independent institution to function. 5.3. M.Sc. Nsg. course to be started in the State Government. 5.4. Transport to be provided to the College. 5.5. Nursing University to be established. 5.6. Facilities to be provided for continuing education. 5.7. Ward Sister and above level should have qualification at par with INC. 5.8. MPH programme needed to be evaluated. |
|--|--|

STAFFING

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Shortage of nursing personnel. | <ol style="list-style-type: none"> 1.1. Staffing norms of Bajaj Committee to be implemented. 1.2. All special departments should have Nursing supervisor. 1.3. No department should be opened without the sanction of nurses. |
|---|--|

ORGANISATIONAL STRUCTURE

- | | |
|---|--|
| <ol style="list-style-type: none"> 1.1. No separate Directorate. 1.2. No involvement of Nurses in policy and decision making. | <ol style="list-style-type: none"> 1.1. Separate Directorate to be established. 1.2. All the nursing associations and other class IV staff should be brought under Nursing Superintendent. |
|---|--|

NURSING LEGISLATION

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Unqualified nurses are coming more and more. | <ol style="list-style-type: none"> 1. Enactment of law to enforce the act to appoint only qualified nurses. |
|---|--|

MEMORANDUM SUBMITTED BY THE ASSOCIATIONS OF MADHYA PRADESH

Name of the Association

M.P. State Branch, Trained Nurses, Association of India.

WORKING CONDITIONS

Problems

Suggestions

- | | |
|---|--|
| 1. Ad-hoc promotion without remuneration. | 1.1. Ad-hoc policy should be abolished. |
| 2. Inadequate accommodation facilities. | 2. Regular promotion to be established. |
| 3. Poor pay scale. | 2. Family accommodation. |
| 4. Many posts are lying vacant. | 3. Better and uniform pay scales all over India. |
| 5. Study leave. | 4. Posts to be filled up. |
| 6. Irregularities in G.P.F. | 5. Study leave to be increase from 2 years to 4 years. |
| 7. No provision for LTC. | 6. On branch of A.G., M.P. is required in each division of State. |
| 8. No regular promotional channel. | 7. Provision for LTC. |
| 9. No office for Nursing Superintendent. | 8. Regular minimum promotion for all categories of Nursing personnel. |
| 10. No qualification fee. | 9. Separate office with supporting staff for Nursing Superintendent and Matron. |
| 11. | 10. Provision for qualification fee. |
| 12. Anomalies in recruitment rules. | 11. Recruitment rules, uniform, designation and working hours should be same all over India. |
| 13. No transport for field work. | 12. Correction to be done immediately. |
| 14. No job description is suggested. | 13. Provision for transport in rural and urban areas is needed. |
| | 14. Job description should be given in first appointment. |

MANPOWER DEVELOPMENT

- | | |
|---|--|
| 1. | 1. In-service programme to be conducted. |
| 2. Teaching institutions are illequipped. | 2.1 Physical facilities, staffing pattern should be as per INC |
| 3. No post graduate institutions. | 2. Vehicle to be given to all teaching institutions. |
| | 3. To start post graduate institution. |

ORGANISATIONAL STRUCTURE

- | | |
|---|---|
| 1. No separate Directorate. | 1. Separate Directorate for nurses. |
| 2. Lack of supervision and guidance in community field. | 2. Mid-level supervisor between LHV and DPHN to be created. |

STATUS

- | | |
|-------------------------------------|--|
| 1. No drawing and disbursing power. | 1. Nursing officers or Class I & II should have the power of drawing and disbursing. |
|-------------------------------------|--|

NOMENCLATURE

- | | |
|---|--|
| 1. Designation of
- P.H.N.O.
- P.H.N.
- P.H.N.I.
- P.H.N.E. | 1. All to be designated as P.H.N.O. |
| 2. Designation of
- D.P.H.N.
- S.S.T.
- S.T. | 2. To be designated as
DNO
STO
TO |

OTHERS

1. No uniformity in uniform all different categories of nurses.
1. All over the country specification of uniform for different categories of Nurses to be done.

MEMORANDUM SUBMITTED BY THE ASSOCIATION OF MAHARASHTRA

Name of the Associations :

1. Trained Nurses, Association of India.
2. Maharashtra Government Nurses' federation.

WORKING CONDITIONS

Problems

Suggestions

- | | |
|---|---|
| 1. Odd Working hours. | 1.1. Straight six hours duty to be implemented. |
| 1.2. Split duty hours at the hospital. | |
| 1.3. No fixed duty hours for ANM and LHV | |
| 2. Unlimited work load. | 2.1. Non-Nursing function to be eliminated. |
| | 2.2. Enough supplies and equipments for conducting procedures. |
| 3. Very low pay scale. | 3.1. Pay scale to be improved on the basis of experience knowledge and type of work. |
| | 3.2. Messing, uniform washing and risk allowance should not be less than Rs. 400/- Rs. 200/- Rs. 100/- respectively. |
| | 3.3. Provision to be made for night duty allowance Village allowance and allowance for working in special departments. |
| 4. No promotional avenues for all categories. | 4. Promotional Channel to be open. |
| 5.1. Matrons are ignorant about service rules. | 5.1. Matrons should have more knowledge and experience on service matters-continuing education on administration to be organised. |
| 5.2. Harassment by office clerical staff and medical officer. | 5.2. Power and pay scale of Nsg. Supdt/Matron should be equal to the hospital supdt. |
| 5.3. Annoyance by the class IV staff | |
| 6. No Rest room | 6. Rest room to be provided. |
| | 7. All Schools attached to Medical Colleges should be upgraded to B.Sc.(N) programme. |
| 9. No separate Department for continuing education. | 9. Department for continuing education to be started. |
| 10. No speciality course. | 10. Short course on Industrial nursing, psychiatric nursing to be started. |
| | 11. More Schools and colleges to be opened. |
| | 12. Proper facilities to be provided at nurses hostel. |
| | 13. Student nurses stipend to be raised to Rs. 500/- p.m. |

STAFFING

Problems

Suggestions

- | | |
|---|--|
| 1. No senior post at State level, Regional level. | 1. Addition of posts of nursing is to be created at State level, Regional level and at Hospital level. |
| 2. No post of school Health nurse. | 2. Post of School/Health nurse to be created, one nurse for 500 students. |
| 3. No specific norms | 3. INC norms for Schools/Colleges/Hospitals to be followed. |
| 4. Shortage | 4.1. 25% leave reserve posts to be sanctioned. |
| | 4.2. New departments should not be opened without sanction of nursing staff and class IV staff. |

Any other

1. Recognition to Association
 - 1.1. Members/executives given special casual leave to attend the meeting/conferences.
 - 1.2. Giving recognition to association.

MEMORANDUM SUBMITTED BY ASSOCIATION OF U.F.

Name of the Association.

11. T.N.A.I.—U.P.

<i>Working Condition</i>	<i>Problems</i>	<i>Suggestions</i>
1. Lot of non-nursing work.		1. Provision for ward clerk
2. Problem of accommodation & transport for married nurses.		2. Allotment of Govt. quarters.
3. Disparity in pay.		3. Provision for central pay scales.
4. Disparity in promotion due to sex difference.		4. Male nurses also be given equal opportunity as female nurses in promotion.
5. Favouritism by the controlling officer in giving furnished quarters' HRA, free electricity etc.		5. To be stop immediately favouritism.

ORGANISATION STRUCTURE

1. No separate Directorate.
 - 1.1. Separate Directorate to be established.

NOMENCLATURE

1. Designation to be changed as follows:
 - 1.1. S/N —Asst. Ward Manager
 - 1.2. Ward Sister —Ward Manager
 - 1.3. Sister Tutor —Lecturer, Reader and Professor.
 - 1.4. Matron —Nursing Superintendent.

Nursing Manpower Development

1. Malpractice in selection of candidates for general nursing.
2. Schools do not have physical facilities' qualified teachers ministerial staff, transport, recreation facilities a per INC.
3. Inspection not done by INC due to want of inspection fee.
4. As there is not post for Register, examinations are not held in time; examination fee spent for non-nursing examinations.
5. Promotional channels are limited for Nursing Education & Practice Nurses.
6. Stagnation of promotion at college of Nursing.
1. A selection committee comprising of nurse members.
2. Inspection by INC.
3. INC should write to the D.G. of Medical & Health Services' U.P. to allocate money for inspection.
4. State Government to create post for Nurse Registrar & Inspector in Nursing Council.
5. Creation of parallel post in all three branches—services, education & practice.
6. Creation of promotion post for Reader, Professor' Dean.

Staffing

1. Acute shortage, 1:30 ratio at present' No leave reserve.
1. To be adhere to the norm of INC.

Organisational Set-up

1. For more than 10,000 nurses no separate directorate' where as for 600 Dentist separate Directorate is there.
1. Nursing Directorate directly under the Ministry of Health & Health Secretariat.
2. Post of Chief Nursing Officer at the district level.

Nomenclature

1. Designation of different categories of nurses are out dated.
1. Uniforms pattern all over India.

Nursing Home

1. Untrained & unauthorised personnel are working.
1. GOI to formulate a law or an Ordinate.

MEMORANDUM SUBMITTED BY TNAI MEGHALAYA BRANCH

*Problems**Suggestions/Demands**Working Condition*

1. No transport
2. Uniform allowance very less.

1. Transport for odd hours
2. Increase Uniform allowance.

Manpower Development

1. Very less stipend for GNM & ANM students

1. Increase the stipend.

Organisational Structure :

1. Only one person at the directorate.

1. Expand the Directorate.

Nomenclature

1. State level nurse called as Nursing Superintendent.

1. Change as Deputy Director Nursing Service.

APPENDIX-VI

Working condition and Status

I — Inadequate
S — Satisfactory
U — Unsatisfactory

State	Physical facility	Salary Allow.	Health Protec.	Accommodation	Trans.	Promotion	Career Devel.
Karnataka	I	S		I	Nil	Nil	S
Haryana	A	U	S	A	Nil		
Maharashtra	I	U	U	I	Nil	Poor	Un.
Port Blair	I	I	S	I	Nil	Poor	Un.
Assam	—	U	S	S	—	Poor	—
Nagaland	U	U	S	U	Nil	Poor	S
Himachal Pradesh	—	U	—	U	U	U	U
Pondicherry	—	—	S	Nil	Nil	Poor	S
West Bengal	—	U	U	S	U	U	S
Orissa	U	S	S	U	U	U	U
Goa	—	U	Nil	S	S	S	S
Bihar							
Trivandrum	I	I	—	I	Nil	Poor	U
Chandigarh	I	I	I	I	I	I	I
Gujarat	I	I	I	I	Nil	U	I
Uttar Pradesh	—	I	Good	I	I	S	S
Meghalaya	I	I	I	I	I	U	I
Lakshadweep	S	S				U	
Tamil Nadu	—	I	S	U	S	S	S
Madhya Pradesh	—	—	—	—	—	—	—
Mizoram	I	S	S	U	Nil	S	S

Pay Scale of Different Categories of Nursing Personnel in Community :

	DPHN	PHN	LHV	ANM
Andhra Pradesh	N.A.	N.A.	1050-1945	950-1670
Assam	1025-1675	622-1315	N.A.	N.A.
Bihar	N.A.	850-1360	730-1080	500-860
Gujarat	N.A.	1640-2900	N.A.	N.A.
Haryana	2000-3200	N.A.	1400-2600	950-1500
Himachal Pradesh	N.A.	680-1120	680-1120	510-940
Jammu & Kashmir	N.A.	N.A.	1150-2050	800-1500
Karnataka	2000-3950	No Post	1280-2450	1040-1900
Kerala	1100-2100	N.A.	825-1430	660-1050
Madhya Pradesh	1820-3300	1290-2050	975-1650	870-1420
Maharashtra	N.A.	1640-2900	1480-2300	1200-1800
Manipur	N.A.	N.A.	1200-1800	950-1500
Meghalaya	N.A.	525-1050	425-750	400-700
Nagaland	N.A.	600-1275	600-1275	510-895
Orissa	1350-2975	N.A.	1005-1830	840-1240
Sikkim	N.A.	1520-2660	1410-2300	1080-1760
Tamil Nadu	N.A.	N.A.	705-1545	610-1230
Tripura	N.A.	N.A.	1300-3220	970-2400
Uttar Pradesh	N.A.	N.A.	470-735	350-550
West Bengal	N.A.	425-1050	No Post	300-685
A & N Islands	2000-3500	N.A.	1200-2040	950-1500
Chandigarh	N.A.	N.A.	1200-2040	950-1500
D & N Haveli	N.A.	N.A.	1200-2040	975-1540
Delhi	N.A.	2000-3200	1200-2040	950-1500
Goa	N.A.	1640-2900	1200-2040	950-1500
Lakshadweep	N.A.	N.A.	1200-2040	975-1540
Mizoram	2000-3200	1400-2600	1400-2300	1200-1800
Pondicherry	N.A.	1640-2900	1200-2040	975-1540

N.A. --- Not Available

APPENDIX-VII (b)

Pay Scale of Different Categories of Nursing Personnel in Hospital

	Nursing- Suptd. Nursing- Suptd. Gr. I Matron	Nursing- Suptd. Gr. II Asstt. Nsg. Suptd. Asstt. Matron	Ward Sister Head-Nurse	Staff Nurse
Assam	1075-1675	875-1500	620-1315	560-1035
Bihar	880-1510	850-1360	785-1210	730-1080
Gujarat	2200-4000	2000-3500 1640-2900	1400-2600	1350-2260
Haryana	2000-3200	—	1640-2000	1400-2600
Himachal Pradesh	750-1300 700-1200	700-1200	680-1120	510-940
Karnataka	2000-3950	1720-3170	1600-2990	1400-2750
Kerala	1100-2100	975-1720	825-1430	780-1320
Madhya Pradesh	1940-3300 1350-2250	1820-3300	—	—
Maharashtra	2200-3500	2000-3500 2000-3200	1640-2000	1400-2600
Meghalaya	875-1375	700-1225	525-1050	450-825
Nagaland	1410-2480 930-2080	1175-2305 860-1605	690-1590	600-1275
Orissa	1350-2975 1090-2135	1090-1950	1005-1830	935-1530
Sikkim	2170-3600	1520-2660	—	1410-2660
Uttar Pradesh	690-1420 670-1100	622-940	515-860	470-735
West Bengal*	660-1600 610-1270	425-1050	425-1050	360-815
A & N Islands	2000-3200	2000-3200	2000-3200	1400-2600
Delhi*	2200-4000	2000-3200	1640-2900	1400-2600
Goa	2000-3200	2000-3200	1640-2900	1400-2600
Mizoram	2000-3200	2000-3500 2000-3200	1640-2900	1400-2600
Pondicherry	2000-3500	2000-3200	1640-2900	1400-2600

*There is a post of Dy. Nursing Superintendent in the Pay Scale of

(a) W.B. — 610-1270

(b) Delhi — 2200-3500

—(=) Data not available/No Post.

APPENDIX-VII(c)

Pay Scale of Different Categories of Nursing Personnel at School of Nursing :

	Principal School of Nsg.' Principal Nursing Officer, Suptd. Nursing School	Senior Tutor	Sister Tutor PHN Tutor Junior Tutor
Assam	1025-1675	—	620-1315
Bihar	N.A.	880-1510	850-1360
Gujarat	2200-4000	1640-2900	1640-2900
Haryana	2000-3200	—	1640-2000
Himachal Pradesh	75-1300	—	680-1120
Karnataka	2000-3950	—	1720-3170
Kerala	1100-2100	—	975-1720
Madhya Pradesh	1940-3300	—	1290-2050
Maharashtra	2000-3500	—	2000-3200
Meghalaya	700-1225	—	525-1050
Nagaland	930-2080	—	690-1590
Orissa	1350-2975	—	1090-1950
Sikkim	1820-3200	1820-3200	1520-2660
Uttar Pradesh	670-1100	—	622-940
West Bengal	N.A.	610-1270	425-1050
A & N Islands	2000-3500	—	1640-2900
Delhi	2200-4000	2000-3500	2000-3200
Goa	2200-4000	—	2000-3200
Mizoram	2200-4000	—	2000-3200
Pondicherry	2200-4000	—	2000-3200

N.A. — Not Available.

— No Post.

APPENDIX-VII (d)

Pay Scale of Different Categories of Nursing Personnel at Colleges of Nursing

	Principal	Vice Principal	Professor Asstt. Professor	Sr. Lecturer Lecturer	Sr. Sister Tutor Sr. Nsg. Tutor	Clinical Instructor Sister Tutor Clinical Tutor
Bihar	940-1660	880-1510	No Post	880-1510	880-1510	850-1360
Gujarat	3000-4500	No Post	„ „	2200-4000 1640-2900	1640-2900	1640-2900
Karnataka	2450-4190	„ „	2450-4190 2200-4070	1900-3650	No Post	1720-3170
Madhya Pradesh	2650-4200	1940-3300	No Post	No Post	1820-3300	1290-2050
Uttar Pradesh	1660-2300	No Post	„ „	850-1720	670-1100	602-940
Chandigarh P.G.I.	3700-5000	„ „	„ „	2240-4000	N.A.*	N.A.*
Delhi (Rak College)	3700-5000	3000-4500	3000-4500	2200-4000 2000-3200	—	1640-2900

N.A.* — Not Available.

APPENDIX-VII (e)

Pay Scale of State Level Nurse

Director/Dy. Director/Asstt. Director/Dy. Asstt. Director/State Nursing Superintendent :

7	Bihar	940-1660
	Gujarat	3500-5000
	Himachal Pradesh	940-1850
	Karnataka	4550-5600
	Kerala	1500-2685
	Madhya Pradesh	2650-4200
	Maharashtra	3700-5000
	Orissa	2250-3500
	Sikkim	1820-3200
	West Bengal	660-1600
	Mizoram	2200-4000

APPENDIX-VIII

Major problem expressed by Nursing personnel

State	Inadequate staffing Norms	Equ. & Suppl.	Work Load	Edu. & Incent	Physical facility	Accommodation	Trans & Post	Empl.	Security	Incentive
Karnataka	Yes	Yes	48 hrs/ week	No	Yes	Yes	—	Yes	Yes	No/ Nil
Haryana	—	—	—	—	—	—	—	—	—	—
Maharashtra	Yes	Yes	42 hrs/ week	No	Yes	Yes	Yes	Yes	Yes	No/ Nil
Assam	Yes	Yes	42 hrs/	—	—	No	—	—	—	Nil
Nagaland	Yes	Yes	—	Nil	Yes	—	—	—	Yes	Nil
Himachal Pradesh	Yes	—	—	—	—	—	—	—	—	—
Pondicherry	Yes	Yes	40 hrs	—	—	Nil	—	—	Yes	Nil
West Bengal	Yes	Yes	48 hrs	—	Yes	Yes	Yes	No	Yes	Nil
Orissa	Yes	Yes	—	Yes	Yes	Yes	Yes	No	Yes	Nil
Goa	—	—	48 hrs	Yes	—	—	Yes	Yes	—	—
Bihar	Yes	Yes	48 hrs	Yes	Yes	Yes	Yes	No	—	—
Trivandrum	Yes	Yes	48 hrs	Yes	Yes	Yes	Yes	No	Yes	Nil
Chandigarh	Yes	Yes	42 hrs	Yes	Yes	Yes	Yes	No	Yes	Nil
Gujarat	Yes	Yes	48-64	Yes	Yes	Yes	Yes	No	Yes	Nil
Uttar Pradesh	—	—	48 hrs	No	—	Yes	—	No	Yes	—
Meghalaya	Yes	—	52 hrs	Yes	Yes	Yes	—	No	Yes	Nil
Lakshadweep	No	No	48 hrs	—	—	No	Yes	No	No	Nil
Tamil Nadu	Yes	—	48 hrs split	No	No	Yes	No	No	No	Nil
Madhya Pradesh	—	—	—	—	—	—	—	Yes	—	—
Mizoram	Yes	No	50 hrs	No	No	No	No	No	No	Nil

Night duty — Usually 12 hrs.

Facilities Available for Training and Education of Nursing Students

State	Teaching Staff	Physical facilities	Clinical Facilities	Accommod.	Transport	Library	Budget
1. Karnataka	I	I	I	I	Nil	I	I
2. Chandigarh	I	A	A	I	Nil	I	I
3. MNS	A	A	A	A	Nil	Sufficient	A
4. Maharashtra	A	I	I	I	Nil	I	I
5. Port Blair	A			I		I	I
6. Assam	A	A	A	A	A	A	A
7. Nagaland	I	I	I	I	I	I	I
8. H.P.	I	I	A			A	I
9. West Bengal	—	I	I	I	I	I	I
10. Orissa	I	I	I	I	I	I	I
11. Goa	I	A	A	I	A	A	I
12. Bihar	I	I	I	I	I	I	I
13. Trivandrum	I	I	I	I	Nil	I	I
14. Pondicherry	A	I	A	I	Nil	I	I
15. Haryana	I	I	I	I	I	I	I
16. Gujarat	A	I	I	I	I	I	I
17. U.P.	I	I	I	I	I	I	I
18. Meghalaya	I	I	I	I	Nil	I	A
19. Lakshadweep *		(No Training School)					
20. Tamil Nadu	A	A	A	A	A	A	A
21. M.P.	—	—	—	—	—	—	—
22. Mizoram	A	I	A	—	Nil	A	I

A : Adequate

I : Inadequate

APPENDIX XII

State-wise Schools and Colleges of Nursing Recognised by Nursing Council/Board

S. No.	State Council and Ex. Boards	State Council/Exam. Board				Basic	University Exam.	
		Gen. Ng.	Male Ng.	Mid-wifery	ANM	B.Sc.	B.Sc. Past	M.Sc.
1.	Andhra Pradesh	27	5	20	78	3	1	1
2.	Assam	20	4	20	20	1	0	0
3.	Bihar	20	0	14	35	0	1	0
4.	Gujarat	16	10	9	33	0	1	0
5.	Haryana	5	1	3	8	0	0	0
6.	Arunachal Pradesh	3	0	1	7	0	0	0
7.	Kerala	50	0	37	18	3	0	1
8.	Maharashtra (MP)	17	2	17	37	1	0	0
9.	Maharashtra	46	0	41	30	1	2	1
10.	Tamil Nadu	21	0	19	21	2	2	1
11.	Karnataka	24	0	22	23	1	1	1
12.	Orissa	5	0	5	17	0	1	0
13.	Punjab including UTs Delhi and Chandigarh	25	3	21	11	4	2	3
14.	Rajasthan	9	12	8	18	1	0	0
15.	Uttar Pradesh	21	0	13	48	0	1	0
16.	West Bengal	22	0	32	28	1	0	0
17.	Mid. India Ex. Board	8	3	8	5	0	0	0
18.	South India Ex. Board	20	2	32	8	0	0	0
19.	AFMC Ex. Board	8	0	0	6	1	0	0
TOTAL		367	42	290	446	19	12	8

APPENDIX - XIII

Recognised Number of Training Schools/Colleges and Annual Turnout till 1986

(ANNUALLY)

Specific Year only	Number of Schools/Colleges				Number of Nursing Qualified			
	Council Exam.		University Exam.		Schools		Colleges	
	GNM	ANM/ FHW	B.Sc.N.	M.Sc.N.	GNM	ANM/ FHW	B.Sc.N.	M.Sc.N.
Post BCR 1949	207	..	2	..	1227	..	..	..
Beginning SCR 1954	225	14	2	..	1827	53	29	..
Post SCR 1959	234	191	2	1	2563	95	32	..
Post MCR 1964	229	273	8	1	3545	3283	58	2
1974	262	340	8	2	5165	5645	117	15
1984	326	328*	10	4	8533	8937	305	58
1986	367	446	19	8	8202	11208	454	47

*Key : BCR Bhore Committee Report.

SCR : Shetty Committee Report.

MCR : Madaliar Committee Report.

*Job Description of Nursing Personnel, Gujarat State***MEDICAL EDUCATION (State level)****Title :** Superintendent of Nursing Services (SNS).**Qualifications :** M.Sc. (Nursing).

Post Basic B.Sc. Nsg. Degree.

Basic B.Sc. Nsg. Degree.

General Nursing & Midwifery Diploma in any speciality.

Experience

About 10 years, experience in Nursing Service of which 8 years in administration.

Line of Authority

The Superintendent of Nursing Services is Services directly under the Director of Health Medical and Medical Education.

Duties and responsibilities

She/he is responsible mainly to see that the nursing services in the State run smoothly.

(1) Leave

(2) Transfer of

(a) Nursing personnel.

(b) Student nurses from one School to another with constitution with Superintendent of Nsg. Services of the other section.

(3) Promotion and postings.

(4) Appointments in consultation with Superintendent of Nursing Services of other sections.

(5) Review of confidential reports.

(6) Correspondence with Government and non-Governmental institutions.

(7) Educational programmes.

(8) Proposals to Government.

(9) Inspections.

(10) Representing Nursing interest on Health Committees.

(11) Participating in Health care planning.

(12) deputation for B.Sc. (Nursing) in State or out of State and other training programmes two years or less to Nursing personnel.

(13) Sanction of Pre-audit bills.

(14) Granting permission for Workshop/Seminar and special leave thereof.

(15) No objection certificate for passport.

(16) Administrative works pertaining to Nursing personnel.

Job Description of Nursing Superintendent and Dy. Nursing Superintendent**Title:** *Nursing Superintendents*—(Matron)—Gaz. Cl. II Gr. I. (2) Dy. Nursing Supdt., (2) Gaz. Cl. II Gr. II.**Qualifications**

Masters in Nursing (with any speciality) with 6 years experience of which 3 years in administration.

or

Post Basic B.Sc. Nsg. with 3 years experience in any position

or

Basic B.Sc. Nsg. with 10 year's total professional experience

or

R.N.; R.M. with Diploma in Hospital Administration preferable with 10 years' experience in Administration.

Line of Authority: The Nursing Superintendent is responsible to the Medical Superintendent. The Deputy Nursing Superintendent (in hospitals with less than 150 beds) is responsible to the Medical Superintendent. In hospitals where the post of Nursing Superintendent exists, the Dy. Nursing Superintendent will be responsible to the Nursing Superintendent.**Duties and Responsibilities:** In hospital where posts of Nursing Supdt. and Dy. Nursing Supdt., both are available the two share the following duties and responsibilities. Where no post of Nursing Superintendent is in existence, the Dy. Nursing Superintendent shall carry out the duties

and responsibilities along with the Asst. Nursing Superintendent.

The main trust of the duty of the Nursing Superintendent and Dy. Nursing Superintendent is the smooth management of the Nursing services in the hospital at all times and every time.

She/he shall be responsible for:

I. Planning and Organizing Nursing Services in Hospital

- (a) Preparing a Philosophy and objectives for the nursing department in accordance with those of the hospital.
- (b) To see that all service areas are managed as per their needs.
- (c) Utilizing specially trained nurses in that particular are only in Psychiatry, Paediatrics.
- (d) Planning and putting up of proposals to the authorities for increase of staff in different categories so as to fulfil the INC recommendations.
- (e) Co-operating with the authorities during emergencies in setting up special Nursing squads, wards or any other machinery as required.
- (f) Preparing an Organizational chart showing channels of communication.

II. General Administration

- (a) Framing Personnel Policies, keeping within the frame work of government Rules and Regulations.
- (b) Interpreting and implementing policies of the Governing Body, the hospital and the Indian Nursing Council.
- (c) Carrying out correspondence with the hospital with nurses and others.
- (d) Attending to the correspondence from outside agencies and individuals.
- (e) Submitting proposals for special equipment required for Nursing services giving specification.
- (f) Conducting rounds of Ward and Departments.
- (g) Preparing job descriptions where none are available, and seeing that each staff member gets one.
- (h) Investigating complaints, preparing reports and taking disciplinary action or recommending the same.

- (i) Preparing annual statistics, and projecting manpower needs.
- (j) Handling grievances and solving problems frequently.
- (k) Holding Departmental meetings allowing free exchange of ideas and reviewing Ward staffing.
- (l) Guiding subordinates and delegating powers depending upon the persons ability to carry the responsibilities along-with commensurate authority.
- (m) To see that ward procedure manual (Nursing Procedure) is maintained in all wards.
- (n) Sanctioning or recommending leave to Nursing personnel.
- (o) Maintaining individual cumulative records of all Nursing staff.
- (p) Writing reports—confidential reports of Nursing staff, annual report of the Nursing department, depicting achievements, future plans of expansion—incidental report whenever required—any other report that may be required to be submitted.
- (q) Reading and analysing daily reports on hospital situation e.g. admission, discharges, etc. in order to replan posting or submit reports to higher authority.
- (r) Making of a routine to have 6 monthly or yearly health checkup for all nurses and 6 weekly for those working in Tuberculosis department, to enable adjustment in duty schedule, if found necessary.
- (s) Taking an active interest in staff development through :
 - (i) Orientation programmes for new staff.
 - (ii) In-service education programme.
 - (iii) Encouraging and recommending interested nurses to get further training and higher education.
 - (iv) Preference : evaluation and guidance to those needing it.
 - (v) Experimenting with newer duty and staffing patterns.

III. Miscellaneous

- (a) Giving leadership to the Nursing department.
- (b) Encouraging Nursing personnel to become members of the professional Association.

- (c) Participating in meeting, workshop, Seminars of local, State or National level and representing the profession.
- (d) Providing counselling services to Nursing personnel.
- (e) Carrying out research or co-operating with others who may be doing it.
- (f) Any other activity concerned with the profession.

Job description of Assistant Nursing Superintendent (Matron Class III).

Title : Assistant Nursing Superintendent (Matron Class III)

Qualification : R.N., R.M./B.Sc. Nsg. with 5 years experience as Ward Incharge.

Line of Authority : The Asstt. Nursing Superintendent is directly responsible to the Dy. Nursing Superintendent and the Nursing Superintendent. In hospitals where the Asstt. Nursing Superintendent is the only post, she/he becomes directly responsible to the Medical Superintendent.

Duties and responsibilities : The main objective of the duties is to provide for good Nursing care to patients through proper Nursing services management

In hospitals where she/he is working under the Dy. Nursing Superintendent and the Nursing Superintendent her/his work will be mainly to supervise wards and departments.

- 2. To help the Ward-incharge with solving problems;
- 3. To see that enough Nursing staff is available in all wards throughout the day.
- 4. To help newly appointed/promoted Ward-incharge to arrange duties, get indent and establish good inter personal relations with other Nursing staff, laboratory workers, Physio-therapist, X-ray technicians, Doctors, linen keeper, etc.
- 5. Arrange duty relation for Nursing personnel in consultation with the Dy. Nursing Superintendent.
- 6. Help Nursing Superintendent and Tutors with in-service education programmes.
- 7. Take rounds of Wards and departments and report anything requiring attention.
- 8. See that registers are maintained in each ward as required.

- 9. Check to see that treatment is carried out as prescribed.
- 10. Check day, evening and night report books.
- 11. Maintain the whole hospital statistics and submit the authorities whenever required.
- 12. Check duty assignment books in each ward as required.
- 13. Check drug cabinets and medicine cupboards occasionally.
- 14. Act as liaison between the hospital and public.
- 15. Perform any other duty assigned by the Nursing Superintendent.

In the hospital where there is only the Assistant Nursing Superintendent (Asstt. Matron) post, she shall carry the job description as listed under the title Nursing Superintendent.

Job description of Ward-Incharge (Sister)

Title : The title of the position will be Ward-incharge (Sister)

Qualifications :

- (a) Registered Nurse, Registered Midwife, with 7 years experience as a Staff Nurse.
- or
- (b) Registered Nurse, Registered Midwife with Diploma in Ward Administration and 6 years experience as a Staff Nurse.
- (c) B.Sc. Nsg. (Basic or Post Basic) with 5 years experience as a Staff Nurse.
- (d) She/he must be registered with the Staff Nursing Council.

Ratio

1 Sister for every 25 beds for Medical-Surgical-Paediatric wards.

1 for each shift in ICU, CCU, Labour Room and Operation Theatre.

OPD—Overall

1 for Gyane. OPD

Casualty and Emergency Unit 1 for each shift leave reserve 30%.

Line of Authority : The Ward Incharge is directly responsible to :

- (i) The Departmental supervisor or Floor Supervisor where such a post exists.
- (ii) The Nursing Superintendent (Matron) where the above posts do not exist.

Duties and Responsibilities

A. Administrative and Supervisory

The Ward Incharge is responsible for the smooth running of the Ward. This she can attain by :

1. Distributing ward duties to Staff nurses, students and servants.
2. Making plans for recognition of Ward and maintaining discipline.
3. Maintaining supplies.
4. Giving and receiving nursing reports of day and night duty nurses.
5. Writing report and orders.
6. Keeping custody of dangerous drugs and records of its administration.
7. Writing confidential report of Staff nurses.
8. Reporting to the immediate authority any incident of importance relating to ward staff.
9. Maintaining good relations with all categories of hospital personnel.
10. Writing out the weekly duty schedule.
11. Reporting to the concerned authorities emergencies, accidents or deaths.
12. Maintaining a clear record of admissions and discharges of patients.
13. Supervising the general cleanliness of the ward and sanitary annexe.
14. Delegating to the other ward staff such work that she/he can do.
15. Supervising the laundry work.
16. Holding meetings with ward staff to work out difficulties.

B. Nursing Care

As the person incharge of the ward she/he is responsible for carrying out patient care with such devotion so as to help the hospital achieve its goal.

- (1) Total care of patient. She/he must know the patient physical condition and any special nursing problems.

- (2) Seeing that the doctors' orders are carried out.
- (3) She/he must not allow any nursing personnel to give I/V fluids. Blood Transfusion or take blood sample for investigation.
- (4) Seeing that the patients get good nursing care; and that the necessary observation and recording is done in each case.
- (5) Seeing that medications, dressings, nursing procedure, investigations and other treatment are carried out.
- (6) She/he must observe and report patients condition to doctors when they come on rounds.
- (7) She/he must prepare for ward rounds and accompany the head of the unit on rounds and bring to the doctor's attention any point of importance.
- (8) Seeing that the preparations for transportation of patients to Operation Theatre and other departments are done properly.
- (9) Verifying the patients coming from OPD or other departments for admission to that particular department only and that the papers of the patient are in order without which the patient should not be admitted. In case the patient dies the Ward Incharge will be no way responsible for that.
- (10) She/he acts liaison between the hospital and the community.

Teaching

The Ward Incharge is also responsible for the educational aspects—both for the Nursing students and ward staff.

He/she is responsible to see that :

- (a) The Nursing Students are helped in understanding the patients illness and the type of care that is to be given. This can be done by having bed-side clinic, ward clinics or conferences.
- (b) The Nursing students are taught the procedure they are given perform. In case the student does not know the procedure the sister can herself teach or given the work to the senior students or the staff nurse. A student who does not know a procedure should not be left on her own. If something goes wrong the Ward Incharge will be responsible.

- (c) The procedure of patient care are carried out properly all required articles, material are provided. It would help to have a procedure manual in each ward.
- (d) She cooperates with the tutors in teaching by assigning work to students according to their educational level (PTS, 1st yr., 2nd yr., 3rd yr.) by arranging clinical teaching informing the nursing tutors about any patients admitted with special type of disease.
- (e) Practical work is supervised. Health talks are given as schedules.
- (f) Servants are taught how to handle sputum mugs, kidney trays, urinals, bed-pans and soiled linen and dressings. they are also taught lifting and moving patients.
- (g) Plans and implements orientation programme for new staff.
- (h) He/she participates in-service education programmes and encourage other nursing staff to do likewise.
- (i) She encourages staff nurses to take up higher studies.
- (j) Participates in research studies and co-operates with those nurses who may like to carry out research studies.

Job description of Staff Nurse

Title: Staff Nurse.

Qualifications:

- (i) General Nursing & Midwifery (alternative courses for Male students) or the new general programme or Basic B.Sc. Nsg. from a recognised university.
- (ii) Registered with the Gujarat State Nursing Council.

Ratio

For General Nursing and surgical wards.	S/N beds 1:3 (Hosp. attached with School of Nursing). 1:5 (Hosp. not attached with School of Nursing)
ICCU and other special units.	1:1 for 24 hours
Labour Room	4 in each shift

Operation Theatre 3 for 24 hours per table.

Out-Patient Department 1 in each clinic room of the OPD.

Casualty & emergency 1:1 in each shift unit.

Paediatrics 1:2 beds.

30 Leave Reserves.

Job Specification

The Staff nurse is the second in nursing hierarchy in the ward, who works under the instructions of the ward-in-chief.

Her duties and responsibilities can be divided as under:

Administrative

- (1) Help the Ward Incharge to carry out her work.
- (2) Work instead of the Ward Incharge in case of his/her absence.
- (3) Maintain general cleanliness of the ward and the sanitary annexe.
- (4) Write the diet register and supervise distribution of diet. See that special diets are served and eaten by the patient. Find out cause of diets not eaten.
- (5) Maintain poisonous (scheduled) drug registers.
- (6) Supervise medicine given by students or do it herself in case there are no students. Also seeing to maintenance of proper corks, medicines bottles on tables.
- (7) Supervise nursing care being given by nursing student.
- (8) Maintain duty room trays, sterilizer, instruments in working condition by getting indents from Sister or getting repairs done in case of a break down.
- (9) Maintain good inter-personal relations with all other staff.
- (10) Supervise servants work.
- (11) Maintain all procedure trays in readiness.

Nursing Care

- (1) Take over from duty nurse of the previous new and serious patients instruments, supplies drugs, etc.

- (2) Make beds of serious patients and help students make beds, supplying necessary linen.
- (3) Administer injections/tablets or liquid medicines requiring care in giving e.g. Oily medications.
- (4) Prepare patients for operations and see that he/she is sent to Operation theatre with all necessary papers and medications.
- (5) Get patients clothes and bed linen changed as and when necessary.
- (6) Take rounds with doctors, when called to list new orders and see that they are carried out.
- (7) See that all investigation specimens are sent to the proper laboratory with forms.
- (8) Insist that the unit doctors prepare and sign the forms filling up the forms is not the duty of the Staff nurse.
- (9) Keep I/v or Blood transfusion tray ready and help the doctor with the procedure.

A Staff Nurse is not allowed to give I/v infusions or Blood Transfusion.

- (10) Observe all patients condition and report changes to Ward Incharge and/or the doctor.
- (11) Carry out nursing procedure for all serious patients. Help newly posted students, P.T.S. students to carry out their nursing procedures.
- (12) Check on every new admission. Before admitting the patients all his papers must be in order. This is specially when a patient is transferred to your ward from another department.
- (13) Read case papers properly and carry out orders and see that they are carried out.
- (14) Give expert bed-side nursing care to serious patients.
- (15) Maintain case papers, investigation reports, etc. in the proper file or board. See that all reports get attached to the correct case paper, temperature charts and intake output charts or any special chart are maintained. *Case papers should not be allowed to be handled by anyone except the doctor in charge of the patient. This is specially for medicological cases.*

- (16) Write day and night orders and maintain ward statistics.
- (17) Talk to pre operative patients to reduce their tension and give them confidence.
- (18) Listen to patients problems and help to solve them through various means.
- (19) See that a discharged patient goes home with proper understanding of the follow-up procedure and details of the diet and medication exercises, etc.
- (20) Last offices in case of a patient dying during your duty time. All concerned records, reports must be completed and handed over to the next shift Staff Nurse.
- (21) In special areas carry out duties which require expert handling e.g.:

- (a) Labour room . . . Difficult and abnormal deliveries.
—premature baby care
- (b) Operation theatre . . . —Care of instruments and gloves.
—See to sterilization.
—Trays and Trolleys.
- (c) Mental Hospital . . . —Prepare patient for ECT and assisting doctor with it.
Care of mentally retarded (where such a unit exists).
- (d) I.C.C.U. . . . Total patients care, helping with ECT or any other investigative procedure.

Teaching

- (1) Instruct students in their work;
- (2) Orient newly posted students;
- (3) Carry out health teaching for individual or group of patients.
- (4) Instruct servants specially the newly appointed ones in the correct ways of handling bed pans, urinals, sputum cups, kidney trays, soiled dressings, bandages, binders, linen.
- (5) Provide for and demonstrate methods of disinfection and cleaning.

Job Description

- (1) Principal (General Nursing) Schools Cl. II Gazetted.
- (2) Principal Nursing Officer (F.H.W. Schools) Cl.-II Gazetted.

Title:

The administrative head of the General Nursing/FHW School will be called Principal/Principal Nursing Officer.

Qualifications:

Masters in Nursing with a minimum of 3 years teaching experience.

B.Sc. Nsg. (Basic or Post Basic) with 5 years teaching experience.

Diploma in Nursing & Midwifery with Post Certificate Diploma in Nursing Education of Public Health with 8 years teaching experience.

Line of Authority:

Principal General Nursing School will for the present be responsible to the Medical Superintendent, as the Principal Nursing Officer F.H.W. School is:

Once the financial control is handed over to the School, the Principal/Principal Nursing Officer shall be directly responsible to the Directorate.

Duties and Responsibilities :*Administrative*

As the head of the School she/he will be responsible for the smooth implementation of the INC Syllabus. She/he will be responsible for :

- (1) Advertising and calling for candidates for nursing programme.
- (2) Scrutinizing applications, preparing merit list and calling them for interview.
- (3) Conducting interview through the set-up Committee and selecting candidates and informing them.
- (4) Planning for orientation programme for new students and staff.
- (5) Distributing teaching work load and departments to each tutor along with teaching materials connected with that e.g. Nursing arts, Ana Phy. Nutrition, etc.
- (6) Carrying out correspondence with other departments, agencies, or individuals in connection with the programme.
- (7) Maintaining students records, admission register, results, registers muster roll call for staff, teachers and student, etc.

- (8) Countersigning records of each department, library and hostel after annual verification by the concerned incharge of the department and the warden in case of the hostel.
- (9) Seeing to the supply of audio visual aids teaching materials as requested by the concerned department incharge.
- (10) Placing indents with the Government for stationery, uniform for certain category of Class IV servants.
- (11) Purchasing linen, furniture, equipments books & Journals as per requirement of the office, hostel and nursing department.
- (12) Authorizing repairs of vehicles and purchase of oil, petrol and minor parts for replacement.
- (13) Sending proposals yearly for new items-staff, costly equipments. etc.
- (14) Countersigning cash book after periodical verification of cash.
- (15) Seeing that monthly pay bills are sent in time, so also TA bills or any other type of bills.
- (16) Assisting the auditors to do their job well; and replying to and complying with audit paras.
- (17) Countersigning stamp register every month.
- (18) Seeing that office timings and other rules of service are observed.
- (19) Writing annually the confidential report of staff and teachers.
- (20) Holding meetings with teachers, staff of office, hostel staff, students and their committees.
- (21) Representing the college and the profession on various committees.
- (22) Working out the philosophy and objective of the institution.

Educational

The Principal/Principal Nursing Officer will be responsible for the smooth implementation of the prescribed syllabus, keeping in mind the goal to be achieved. She/he will therefore, be responsible for :

- (1) Working out the syllabus and the curriculum keeping within the frame work laid down by the Indian Nursing Council.
- (2) Arranging for theory and practical work for each group, with help from the tutor/

Clinical Instructors so as to meet the laid down objectives.

- (3) Contacting agencies, institutions, for arranging field visits, clinical experience, etc. so that the students get the best possible experience in that area.
- (4) Initiating changes in curriculum keeping within the guidelines of the syllabus.
- (5) Co-operating with the State Council to conduct examinations by providing all facilities.
- (6) Guiding students in filling examination forms, registration fees, and seeing that they are submitted to the Council in time.
- (7) Taking classes in her/his subject/s.
- (8) Preparing and displaying weekly/monthly class schedule, clinical experience of relation plan, etc., in consultation with Tutors.
- (9) Maintaining records of exam results.
- (10) Communicating to the Council any relevant information regarding students.
- (11) Encouraging teachers to experiment with newer methods of teaching and to find out newer clinical areas which could provide the best possible exposure of students to that area.
- (12) Encourage and supporting co-curricular activities.
- (13) Issuing transcripts to students.

Miscellaneous

Besides her/his responsibilities in the administrative and teaching areas certain functions not related to the two area also carried out—

- (1) Encouraging faculty members to take up further studies, attend seminars workshops and participate in professional activities.
- (2) Participating in activities of the professional organisation.
- (3) Encouraging students to actively participate in SNA activities and to join TNAI on graduation.
- (4) Arranging graduation and candle lighting ceremonies with help from tutors.
- (5) Meeting visitors and discussing issues, pertaining to the School programme.
- (6) Meeting parents or guardians of the students as and when necessary.

- (7) Preparing for the co-operating with inspectors from the State level bodies (Council or Directorate) or National Council.

NOTE

The Principal/Principal Nursing Officer is an over all Incharge of the School. However, for smooth running of the institution, it is necessary for her/him to delegate the responsibility of the hostel, library, laboratories, nursing sciences, nutrition, community health, to the senior most person in the department or the Warden or Tutor-in-charge of that subject/area, e.g. Tutor Teaching Phy. should be made responsible for charts, models, wet specimen, skelton, etc.

Job Description of Nursing Tutor

Title : Nursing Tutor

Qualification : R.N.; R.M. with Post Basic B.Sc. Nsg.

or

R.N.; R.M. with Post Basic Diploma in Nursing Education.

or

Basic B.Sc. Nsg. with a minimum of 2 years experience.

Line of Authority

The Nursing Tutor is directly responsible to the Tutor-in-Charge of the School/Principal/Principal Nursing Officer as the case may be.

Duties and Responsibilities

Educational

1. Helping the School in framing educational policies keeping within the frame work of the Indian Nursing Council.
2. Planning and implementing the class-room teaching and clinical experience as prescribed in the INC Syllabus.
3. Conducting classes to ensure that the syllabus is completed within the given time.
4. Obtaining co-operation of the administrative personnel in order to give the best possible clinical experience to students in each area of nursing.
5. Supervising students in the clinical area, and guiding them in their work.
6. Evaluating assignments—Nursing care plans and studies, health talks, etc.

7. Conducting tests and exams and submitting results to the Tutor-in-charge/Principal/Principal Nursing Officer.
8. Guiding students in methods of study, use of reference books and use of library, giving special attention to weak students.
9. Organising seminars, debates, panel discussions and other co-curricular activities.
10. Providing counselling services to students.
11. Planning, implementing and being actively involved in extra curricular activities.

Administrative

1. Helping with admission procedure.
2. Cooperating with the Warden in arranging residential facilities.
3. Planning for and implementing orientation programme as arranged.
4. Helping PHN with health check up or doing it in her absence.
5. Helping in maintaining records in the School.
6. Maintaining library, submitting requests for books, journals, news papers.
7. Participating in the framing of rules and regulations for School and hostel.
8. Participating actively in meetings.
9. Maintaining dead-stock library and lab. and deptt. registers as distributed to each faculty.
10. Assisting students to fill in forms for exam, registration, TNAI membership, etc.
11. Assisting School authority in preparation of nursing transcripts.
12. Assisting with correspondence.
13. Assisting School authority in dealing and implementing disciplinary actions against students.
14. Submitting departmental requirements for inclusion in the annual budget.
15. Maintaining class-room register and reporting absenteeism to the Principal.
16. Preparing and displaying weekly schedules for classes.
17. Facilitating the distribution of work load by the Tutor-in-charge of the School/Principal/Principal Nursing Officer.

Miscellaneous

1. Arranging or assist in arranging extra curricular activities of Nursing students.
2. Encouraging students to participate in extra curricular activities.
3. Encouraging and initiating the formation of SNA Units and guiding their professional activities.
4. Helping students to become TNAI members on graduation.
5. Acting as SNA President if called upon by the Nursing students to do so.
6. Participating in professional meetings, seminars, workshops, etc.
7. Representing the profession on non-professional or semi-professional bodies.
8. Initiating and/or participating in Staff education programme.
9. Assisting in setting up exam halls for theory and practicals.
10. Acting as examiner for the State Council/Board when called on to do so.

Job Description of Public Health Nurse (in School)

Title: Public Health Nurse

Qualification: R.N.; R.M. with Post Basic B.Sc. Nsg.

or

R.N.; R.M. with Post Basic P.H.N. Diploma

or

Basic B.Sc. Nsg. with 2 years experience after graduation.

Line of Authority

The Public Health Nurse working in the school shall be directly responsible to the Principal and in her/his absence to the person who has taken over the charge.

Duties and Responsibilities

1. Participating in the framing of policies in the School.
2. Implementing along with other faculty members, the INC curriculum.
3. Conducting classes, field work and exams as per schedule.
4. Planning and implementing urban and rural field programmes in co-operation with agencies responsible for health needs of the area.